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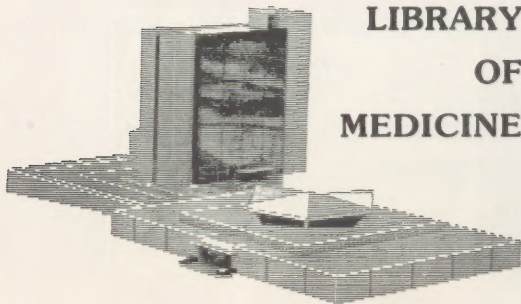
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THE AUTHOR AND COTTAGE ON BIG STONE LAKE
WHERE THE STORY WAS WRITTEN.

Rochester and the Mayo Clinic

A Fair and Unbiased Story Calculated to
Aid Physicians to Greater Cures
and Larger Incomes

BY

GEORGE WILEY BROOME, M. D.

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FOREWORD.

WHY I HAVE WRITTEN UP "THE LOURDES OF THE PRESS."

For the last several years the question, "What is the matter with the medical profession?" has been discussed most extensively both in the medical press and by the physicians of this country in general. Every now and again, the medical journals publish an editorial or an article by some contributor in which this question is asked. The question may vary slightly in form, but the persistence of its recurrence and the attempts made to answer it, indicate clearly enough that there is something radically wrong in the ranks of the medical profession.

The literary pages of most of the medical journals seem to be growing lean in contributions from the great mass of the profession. There is likewise a dearth of advertisers, perhaps not so apparent in the "Journal of the Association" because of its peculiar relations to the general profession. But the subscription lists of many of the medical magazines are dwindling away, and the great majority of doctors over the country are complaining over present conditions. There is a perceptible lack of enthusiasm in all of the medical society meetings, held in the different states and districts. The societies no longer flourish as in former years. The "Journal" is now and has been for some time preaching the gospel of ethical reform, but still the life of the average doctor

seems to be growing harder and harder, until prosperity has almost faded from his ken.

The motives of the "Journal" are no doubt of the very highest character, but have the reforms instituted and carried into effect benefited the great mass of the profession? Whether true or not, it has been alleged that these reforms have resulted advantageously only to a few. Others have alleged that there seems to prevail too much paternalism over the physicians, their literary contributions, and policies of the state meetings, by the national official organ. If true, this may tend to dampen the ardor of the average medical enthusiast. This paternalism over the profession no doubt helps to exercise a persuading influence over the advertiser as well. Indeed, the "Journal" seems to enjoy something of a monopoly in medical advertising. At all events, the publication is able to maintain a commercial status that makes the medical publications not enjoying the same privilege and authority look cheap by comparison. The pages of the copy of the "Journal" I have before me are divided about as follows:

Twenty pages to clippings and the like; 10 pages to items and the like; 6 pages to editorial matter; 78 pages are devoted to the exploitation of advertising matter, and only 20 pages remain for the 56,000 members of the Association and subscribers to the "Journal," on which to express American medical thought. 22 pages more are given up to advertising than to all of the other matter combined going to make up the issue.

That there is manifest assumption of autocratic power over the profession to be seen in the editorial columns of the "Journal," may be too true. Anyway, it is more than true that the editor's literary discrimination is limited to contributions from certain sources. I guess it

is difficult at times for the editor to distinguish impartially the ethical from the unethical. Even in this instance it seems a hard task to find merit in others when judgment is to be based wholly upon the inspiring ideals of his own splendid career.

Current reports appear to approve the judgment that most doctors have neither the time nor the means to emulate examples set for them by the medical editor, but are toiling desperately to make both ends meet.

Briefly summed up, the viewpoint of the great mass of doctors throughout this country remains decidedly pessimistic. However, this does not prevail in all quarters of this country, i. e., not all doctors are in the slough of despond. For example, take the country village of Rochester, up in Minnesota, where the Doctors Mayo practice their profession. Here there is not a sign of the pessimism that is pervading the ranks of the general profession. There, indeed, optimism is rampant!

So it seems to me that those in the profession who are experiencing the stings of adversity should first aim to answer the question why it is that a certain few medical men, living in a remote country district, can enjoy extraordinary prosperity, while the great mass of doctors, distributed in cities and larger places, cannot do so. What is a possible explanation? The doctors at Rochester have not only become widely celebrated, but they are very popular with the people everywhere, a popularity which is approved by the medical press and carefully and solicitously fostered by the daily press.

Posted upon the desk of one of the Rochester surgeons may be seen the following quotation:

"Have something the world wants, and tho you dwell in the midst of a forest, it will wear a beaten pathway to your door."

Surely a well-chosen slogan.

It is told that, while Rochester is only of village size, the publicity given its surgeons has made its name familiar to persons in all parts of the world. The early history of Rochester and its doctors, from the professional viewpoint, appears most anomalous. It is almost startling to learn that from simple and infertile surroundings, with only the crude advantages of pioneer schools, the surgeons of Rochester succeeded in attaining a most flattering position in the profession very early in their career. The further the inquiry is extended into the history and circumstances surrounding the rise of these doctors, the conviction grows correspondingly strong that, very early in their professional lives, they must have learned the lesson of how real progress is hurriedly accomplished; that is, one is led to believe that "to learn to labor and to wait" is a maxim that fails to appeal to some because lacking in quick results—that a still shorter cut to fame and fortune may be pursued to the coveted goal without the vexatious trials that are usually encountered in the first stages of professional life. It is found that shortly following the introduction of the Doctors Mayo to the practice of medicine, the professional writers made use of the following phrases:

"The Mayo brothers early in their career became enamored of the marvelous handiwork of the Creator," and "the marvelous skill with which the Mayos handle their instruments has amazed the world." Again, "from every state in the Union, from almost every country in the world, sufferers journey to this place to feel the magic of the four hands that perform the surgical operations," "America's Greatest Surgeons; the fame of these doctors is world-wide. *They are noted for the cleanest work in surgery on record*, and altho they have

made no discovery of new methods, or of any new surgical cures for malignant diseases, they have 'covered' all modern methods, and reduced them to their ultimate accuracy." "It was not that the Mayo boys were so brilliant but that they were ambitious in the right way, eager to learn and able to take and make chances. By the time they had been at work for ten years, their names had become familiar to everyone doing serious surgical work in America. It is no wonder then, that one of the trains that comes into Rochester from the West is called the Hospital Train because so many ailing persons travel by it."

In an interview between Dr. Wm. J. Mayo and a public press writer, the former stated: "Some men at 35 reach the summit of their mental development while other men are receptive at 70. It isn't the age that counts." This may have some bearing upon precocity.

St. Louis, Jan. 1, 1914.

INTRODUCTION—OBJECT.

I have a two-fold object in writing these pages. One is to satisfy a desire to be occupied while resting physically, and mentally recreating away from home and work; the other is to make a careful record of my personal observations of professional conditions at Rochester. It has been my habit for many years to take a vacation during midsummer and midwinter, and on each occasion I have assiduously cultivated the habit of filling out the vacations with some special mental employment.

My recollection in regard to this goes back about seventeen years, to a trip which I made in company with the late Dr. Senn, when I became a witness of his marvelously industrious habits. It was the summer of 1896, and was passed for the most part on the coasts of Maine and Nova Scotia. On this trip he wrote the first edition of the text-book, "Pathology and Surgical Treatment of Tumors." This work proved to be a comprehensive, scientific study of tumor formation, rare in originality. He wrote this great book in most part offhand and without extensive references. When leaving home to join Senn at Chicago, I placed in my suit-case a small hand-book I had just purchased, on "Histology and Embryology," by Dr. Geo. A. Piersol, of Philadelphia. This little work I handed to Senn after reaching Scarborough Beach. He had not seen the book before, but found it of sufficient importance to incorporate some of its text,

and at the same time marked points in his manuscript for the insertion of some of the illustrations. In passing, it may not be out of place to add that this small book from Dr. Piersol's pen formed the nucleus of what is now the most expensive single volume on "Human Anatomy" published in any language. So far as I know, aside from this short reference work, Senn wrote all of the matter forming the text of the "Pathology and Surgical Treatment of Tumors" from memory. He had had, however, the composition of this work in mind for several years, and when he commenced writing the chapters, his brain was so well stored with knowledge of his subject, that he was able to write rapidly and without hesitation.

While writing this great book, he worked all day and, for aught I know, all night. At all events, I was led to believe that he slept but little, for about every day, another chapter had passed through his hands to completion. There were thirty chapters of this first edition of about 4,000 words each, nearly all of which were written offhand and as rapidly as he was able to use his pen. So it may be imagined how much of the day and night his brain was at work, and he himself occupied, in order to complete the tremendous task before him, and in such a short period of time.

There is a little story about the MS. for Senn's book, that I shall briefly relate here. On reaching home, Senn notified the Saunders Publishing House at Philadelphia that he had completed the preparation of MS. for a book on the "Pathology and Surgical Treatment of Tumors"; that he found many important surgical cases awaiting him at Chicago and that he doubted his ability in consequence to find time to look after the proof-reading. Would the publisher take the MS. and make the best of it? Mr. Saunders replied that he would send his

check for \$5,000.00 in payment of the manuscript and at the same time promised to bother Senn but little in its publication. Senn accepted the proposition.

When Senn finished the first chapter, he suggested that I write an abstract of each chapter of the book as it was completed. This I did, and later made an abstract of what I had written, and read the same before the St. Louis Medical Society. I must mention here what I found to be a most remarkable fact—that is, the absence of any evidence to show that Senn ever found it necessary to make a single change of any word or sentence in the original draft of each chapter. Few noted scholars were able to do this.

After leaving Chicago on this trip, Dr. Senn told me about a speech that Professor Chaplin, Chancellor of Washington University, St. Louis, had delivered at Boston on the subject of "The Wild and Woolly West." Dr. Senn thought the speech was particularly severe on medical college methods in St. Louis, and expressed himself in a manner that led me to think that some one loyal to the educational institutions of St. Louis should write a defense against the Chancellor's charges. Being at this time away from St. Louis and St. Louis people, I took it upon myself to make a reply. I then sent what I had written to Mr. Stephen A. Martin, who was then on the editorial staff of the St. Louis Post Dispatch, a newspaper always to be found on the firing line in the defence of St. Louis and its rights. My story was promptly published, and created quite a stir among the leading people of St. Louis, and particularly among the members of the various college faculties. Chancellor Chaplin no longer resides in St. Louis, having given up his connection with Washington University several years ago, but I understand that he has not yet entirely

recovered from the fusillade of criticism directed against him by the Post Dispatch and citizens of St. Louis.

The trip previously referred to up to St. John's, New Brunswick, from Scarboro Beach, proved exceedingly interesting to Senn. The stay at the former place gave him quite a respite from his work. The wonderful tide coming in from the Bay of Fundy greatly excited his curiosity. Here the tide rises nearly to seventy-five feet, and comes in with such a rush that one finds it necessary to hurry away from the low water level in order to save oneself from being swallowed up and carried out into the madding depths. Senn immensely enjoyed the mad rush of the waters dashing high up against the rocky cliffs. After a few days, we embarked on a boat plying between St. John's and Digby, Nova Scotia. At the latter place, Senn got down to writing again in earnest. We intended to extend this trip abroad, but finding the weather conditions here much to our liking, we remained most of the time in the Canadian country.

On each vacation since, I have found a way to employ my time. The last several have been passed in writing a biographical sketch of the life of Dr. Senn, who died January 2, 1908. Of course the inspiration that led me to turn these periods of time into something worth while came to me thru witnessing the industrious habits of Senn, for the spirit of industry overpowered every hour of his career, and even in the quietude of his own home, he could nearly always be found among the books of his immense library or at his writing desk. He knew nothing personally about physical or mental fatigue.

The results of my own work on these vacations are mighty small in comparison with those of Senn, it is very true. But, at all events, I succeeded in accomplishing my chief aim, that of keeping myself observantly occupied while going about and witnessing scenes in the

outside world. I experienced much profit in many ways by these employments, even tho of a modest character. The work afforded me not only pleasant and profitable pastime, but relieved my mind of the idea of spending these vacations wholly in idleness.

“Give me life in fullest measure:
Duty done, my greatest pleasure:
Work achieved, my heart’s best treasure.”

—Writer’s Magazine.

I have worked laboriously on the before-mentioned biography, and for a much longer period of time than I would have were I a ready and rapid writer. So much time has been consumed, perhaps, in consequence of the fact that my thoughts usually come slowly, and that I am slow to phrase them satisfactorily when they do come into my mind. The expert surgeon becomes so by constant practice, and the same may be said of a good writer. He must be constantly writing in order to achieve excellence.

My observations lead me to think that there are other essentials necessary to be acquired in order to make one either a good writer or a good surgeon, other than mere practice. The surgeon must bring into his practice honest, faithful, and intelligent work, and a good writer should not find it necessary to hesitate for a word. The subject of my biography never did; he also brought intelligence and honesty to bear upon his practice. Some writers have a much larger vocabulary than others. There are now about 450,000 words in the English language. Many professional men and many writers do not use more than 15,000, but I judged that Senn had at his command about 40,000 words. I have great admiration for the following two lines from the pen of the Duke of Buckinghamshire:

"Of all the arts in which the wise excel,
Nature's chief masterpiece is writing well."

Under the inspiring influence of my association with Senn, together with the advice of Dr. Samuel Johnson, the author of *Rasselas*, that "the use of traveling is to regulate the imagination by reality and instead of thinking how things may be, to see them as they are," I was led to make Rochester the objective point of my summer's vacation.

The ensuing pages are a record of my impressions and observations.

THE AUTHOR.

ROCHESTER AND THE MAYO CLINIC

THE LOURDES OF THE PRESS

"If any man is able to convince me that I do not think or act right, I will gladly change, for I seek the truth by which no man was ever injured; but he is injured who abides in his error and ignorance."—Marcus Aurelius.

The scope of these pages is based upon personal observation and study. Tho some seemingly extraneous matter has intruded itself in the chapters of my story, it is purposefully intended to accentuate my impressions of the more important surgical aspects of St. Mary's Hospital, its clinic, and the surgeons. The whole deals only and entirely with facts—evidential facts, without the use of adulatory language, expressions of exaggerated compliment or ornate divertisement.

There have been a great many articles written in a most fulsome and complimentary style about the Doctors Mayo, but I have not seen any confined strictly to plain, hard facts. I am led to venture the belief that medical men everywhere, and especially those who have not had the opportunity of personal contact, and the privilege of witnessing the busy scenes at his far-famed place, and studying them from their own personal viewpoint, might find a narrative of simple truths of some interest.

Actual contact would more than likely color the viewpoint of any disinterested observer, and would have the effect of impressing the mind against the ornate methods

of the professional writer. It is admitted at the outset that there have been few doctors known to medical history who have gained such swift and wide popularity and have retained it so securely; and, I ask myself, what is the real secret of it all?

I was quickly informed after reaching Rochester that these doctors have grown big as surgeons—big in the voice of the medical world—big as authors; big in the counsels of the American Medical Association and its prosperous "Journal," and also big as financiers.

I might as well confess here and now that the sentiment that I find myself forced to express will necessarily convey a meaning somewhat converse to that which would have followed had I written before I visited Rochester and came into personal contact with the various things of general medical interest. That is to say, had I written a story about Rochester and its famous doctors, basing its text wholly upon impressions that came to me second-hand, the story would have been written in a style somewhat more compatible with the sonorous roll of praise sounded forth in so many of the articles about the Mayos. Hence this narrative will no doubt prove enharmonic with most of the Parnassian praise heretofore printed and said about Rochester and its celebrated surgeons. But I must here emphasize the fact that what I shall say is not influenced by bias in any form. If in any particular this recital is found to be faulty, the error must be charged to error of sight and not to prejudice of mental vision. The extracts taken from the various stories published in the several lay magazines about the Rochester surgeons are given later on for the reason that they constitute a part of my search for the helpful influences that seemed to guarantee the rapid rise of these men and their widely recognized popularity. The particular problem I wanted to

solve was, "What were the actual potentialities that aided them in achieving the great fame they have enjoyed almost from the beginning of their professional career?" I wondered if the early molding of this lofty destiny was alone the handiwork of innate genius and perspicacious inheritance. Certainly, it is a truism that genius and wisdom, like destiny, know no local habitation.

"For genius is a deathless light
That still burns on thru darkest night;
It fires a steady lamp, whose rays
Descend thru time as stars thru space;
Tho twice a thousand years be fled,
We still repeat what Æsop said."

No one would think that spectacular practices alone could ever bring fame into any field of scientific activity. Whatever the chief factors, I was curious to know something about them. I was curious to know how it was that these young country boys became "enamored of the marvelous handiwork of the Creator" at such an early age as has been said. Early writers have told us that "the marvelous skill with which the Mayos handle their instruments has amazed the world." Again, it is said and many times repeated that "from every state in the Union, from almost every country in the world, sufferers journey to this place to feel the magic of the four hands that perform the surgical operations. The Mayos have given their lives to relieving the physical sufferings of humanity, and the door of hope has never closed upon a man because he could not pay." The intenseness of this curiosity was all the more increased by reading the following:

"No other Mecca of physical suffering in the world is so unique as St. Mary's Hospital in the little city of Rochester, Minnesota, where the Doctors Mayo pursue their marvelous work. There is real and sincere mod-

esty among the Mayos, so much so, that they will be genuinely distressed when this little article is brought to their attention. They do not understand that in their case publicity is simply the gratitude of the world trying to express itself."

Rochester history shows that its now celebrated surgeons did not have to wait or undergo years of struggling effort in order to establish themselves in practice and achieve reputation. Prosperity came without special training, equipment or many years of waiting, and while in the midst of infertile literary surroundings, rose to the flattering position of "the greatest surgeons in the world," and at the same time "maintained a characteristic and unique modesty that has surprised the world."

As generally accepted, this word "modesty" is something of an Americanism, but unique modesty is something even more extraordinary. In the press notices the word "modesty" is used frequently, and I was led to wonder how it is possible for any single staff of doctors to handle during one year, say, twenty-five thousand patients, and during all that time maintain not only a characteristic modesty but a unique modesty. One writer said: "A glimpse into the Mayo offices reveals a motley crowd, millionaire and pauper, plebeian and prince have left differences of rank without to join the army of human sufferers in search of health within." It is but natural for one to believe that this motley crowd, referred to by the writer, has moods; temperamentally some of them may manifest at times a stinging negative to all the charms of modesty, and in a manner excite the positive pole of resentment. Hence it is hard to understand how these hundreds of solicitous and moody patients can be handled, and at the same time the doctors remain able to maintain a modest bearing. There are necessarily many trying situations between the rela-

tions of doctor and patient. A large part, of course, is purely business, and the very busy man cannot always remain modest; and to maintain, while handling a large number of patients annually, both a characteristic and unique modesty, I am sure is beyond the ordinary doctor. Perhaps many times when the term modesty is used, the writer meant to convey the impression that these popular doctors were able to suppress all evidences of the vanity of fame.

Still there is an atmosphere about the place pointing to a mild infection of the vanity of fame. An instance of this was apparent in the publicity quarters of the Mayo firm. I asked one in charge of this department, "In what estimation does the Mayo firm hold the works of the late Dr. Senn?" The reply was to the effect that "our doctors here" had gotten so far in advance of Senn's teachings and his day that they did not now take time to think about him.

Until well along in the eighties, these two brothers were plain farmer boys, and had only the early simple life experiences of all farm boys, and now at the end of a few years, their reputation as surgeons has extended to nearly all quarters of the world. At the time they took up the study of medicine, they were living with their father in the country, with only the educational advantages afforded by the common schools of the simple, pioneer days. These common public schools, as every one knows, in their early organization are not usually able to impart more than the crudest preliminary education, for these hurried and imperfect country schools are mainly due to the circumstances of rapid pioneer development of their respective sections and are, in consequence, only fitted to teach elementary studies.

Hence, it is not strange that one is led to marvel much over the remarkable history of these "greatest surgeons

of the world," reaching this position in the professional world so soon after leaving the plow. There are, however, many striking examples in history tending to show great achievements in after life by the farm boy; but rather by slower progressions. Carl Gerhart Hauptmann turned his two acres a day on the farm until he was eighteen years of age. In 1912, the Nobel prize of \$40,000 was awarded to Hauptmann for literature. But after attaining the age of eighteen, he had the advantages of studying in several of the universities of the old world, yet he hardly rose to distinction until fifty years of age. But studying literature as Hauptmann did before he was able to win his prize, on the one hand, and bringing the masses of afflicted people and the public press under a seeming spell, are entirely different processes.

It is more than a twice-told tale that most people are likely to think a man who has much intellect possesses it to the detriment and at the expense of his other human qualities, and possibly that is measurably true. But there have been instances when a man has been intellectual, and reasonably, even if not effusively, human; doubtless there are many of these instances in the profession.

Great achievements from crude beginnings might be used as an argument against the customary series of long years of university training, such as are required abroad, and as is the modern trend in our country. Nowadays everyone who makes any pretension to a higher education, and who is ambitious to join the cultured classes, must submit to the university custom. We know that no man has for many decades had the opportunity or the hope of occupying positions of distinction and attaining to greatness in a profession abroad, especially as a teacher in medicine, without first having served the

required number of years. Qualifications fitting one for these positions are not based upon the results of examinations but upon the time spent in preparation and study. The sentiment at Rochester, I think, is somewhat complex, but apparently opposed to what was formerly prevalent as purely an Americanism: "machine-made" methods of education. I gather this information from the following quotation taken from one of their reprints:

"In comparing the Italian and American plan of education, Italy is not the loser. In the United States, from the time the child enters the first grade, he is harnessed up to a system which ends in the university, and always with the direct intention of fitting him to be President of the United States. The mere fact that only a small percentage of these students ever reach the University, or have an opportunity to become the President, counts for nothing. Everything in America must be 'machine-made,' without any possibility of developing individuality in our country schools; nothing is taught concerning farm life, the growth of grain, or anything in the way of agricultural pursuit; neither in the manufacturing districts is there any educational variation with the view to the future employment of the individual."

Possibly we might find justification in here dismissing the whole problem of education so far as it had to do with the embarkation upon their career of the Doctors Mayo, with the following quotation from the article, "A Medical Pilgrimage Westward," printed in the Independent Magazine. Speaking of St. Mary's Hospital, and the Mayo boys, the writer says:

"The history of this little hospital at Rochester is worth while tracing. At first it was placed in charge of a country practitioner who did all sorts of medical

work. This was Dr. W. W. Mayo, then quite an old man. His two boys raised on the farm—there are some great things raised on the farm besides ordinary farm products—got an introduction to medicine in their father's office and then went off to medical school." So, from this, it would seem that to the soil of this farm there is due a large share of credit for what the doctors are today.

WITHIN SIGHT OF ROCHESTER—FIRST IMPRESSIONS.

The railway train approached Rochester from the east, winding down into the Zumbro valley from the hills. It was just before twilight, when the brilliant sun had almost reached the serried summits of the distant domes in the west, and the lengthening shadows silhouetted the rugged bluffs beyond, lending a charm to the scene, as well as joy that we were now ending our tedious pilgrimage. At first sight, the station and surroundings reminded one of the railway station and usual scenes witnessed on arriving at St. Augustine, Florida. The picture was perfectly true, especially to the varied sorts of vehicles awaiting and in readiness to drive one away. They were of the same antiquated type. I found a difference, however, in the color of the drivers. Here, they are all white; down in Florida, they are all black.

The crowd of people present at the little Rochester station on the arrival of the Chicago & Northwestern train, on which I was a passenger, gave to the place a real holiday and festive appearance. Possibly, I thought, a circus might be in town. I discovered later that such was really the case, for, in company with Dr. Sanderson of Detroit, I walked to the circus grounds on the following evening, and the line of people headed in the

same direction seemed to be almost endless. "Later we took a ramble together to see the great curiosities of this great town." (Addison.) But I found that during my entire stay at Rochester, every day seemed much like a holiday; that is, the spirit of a day like the Fourth of July remained perennially in evidence. The crowded sidewalks, the people in holiday attire, the hurrying vehicles, made up a picture of real holiday charm in a delightful old country village. It was much the same every day. The automobiles I judged were for private use, but it was the horse vehicles that gave picturesqueness and life to the streets. These conveyances were for hire. Much of their business was done with patients wanting to go to the surgeons' offices, St. Mary's Hospital, and between there and the various rooming houses in and about the town and railway station. Now and again, one might see strangers driving about for pleasure and sight-seeing. Such a trip would always be made to take in "Mayo Park," an attractive and interesting playground, the pride of Rochester because it was a gift from the Surgeons Mayo to its people. The people of Rochester are proud of the gift too because it came from the now famous men who had passed their boyhood days among them—from these two of their number who, by a life of diligent endeavor, had attained a distinction among the people of the country seldom achieved in the span of human life. Because, too, of the eminent reputation of these brothers and citizens, the name of their home town, Rochester, had become known all over the world, and over this fact, there is deep-felt gratitude in the heart of every man, woman and child. But to walk up and down the main street, particularly in the vicinity of the Mayo offices any afternoon, to look into the faces of the people slowly passing to and fro or gathered about in the offices, one

is inclined to realize that a vast majority of the strangers at Rochester belong to the ailing class, and are there for the purpose of seeking relief. The Mayo offices are the magnet that attracts the afflicted from every point of the compass. Here it is that the patients gather, scores of them, every afternoon. A certain anxiety is pictured on each face, and the countenances depict the results of suffering from some mental or physical derangement. Some of them, enfeebled by age and other infirmities, are seen tottering toward the offices leaning heavily upon the arm of a son, a daughter or attendant. Some are unable to arise from the roller chairs in which they are being wheeled along to their last hope. There go several with immense tumor growths from the thyroid gland; many of these with large protruding eyeballs. Here come the pitiful victims of cancer, with the faces of some and the necks of others half destroyed by that relentless disease that never ceases its destructive work until its host succumbs. All of these people, it is natural to presume, have undergone treatment elsewhere, but were turned away as hopeless, and now the lure of Rochester gives them renewed courage. Among others drawn thither, I seemed to recognize the purely psychological type lured by imaginary ills perhaps but all with a new light of hope in their eyes.

With these before one, an entirely different train of thought follows. Every ailment to which human flesh is heir might be found, I dare say, among this mass of people awaiting turns to see the far-famed doctors or members of their general staff. But while evidences of long suffering are plainly noticeable among these people, they still appear hopeful, for now their faith is strengthened in the belief that they have reached the Mecca of their pilgrimage—the Lourdes of hope!

After viewing these local scenes for a day or two, I seemed to find a strong resemblance between them and the one I witnessed on an occasion when I visited Kirksville, Missouri, at a time when the late Dr. Still was in the zenith of his glory. The more I saw of Rochester, its people, its homes and patients, particularly the latter, the more strikingly vivid the replica appeared. The psychological fetishism of Kirksville seemed to stare at me from every direction, and I thought I could detect subjects ailing from the same causes as those at Kirksville. Surgeons thruout the world are well aware of one dominating idiosyncrasy among a certain type of patient—a certain desire to seek sources of relief from which come the greatest mystery. It is only this exceptional type that looks upon the hospital without misgivings.

It may be noted that I often refer to Rochester as "The Lourdes of the Press," but there is no sacrilege intended in this reference. I cannot explain just how it happened that I first associated Lourdes with Rochester. Possibly the fact that one of the most pretentious buildings in Rochester is named "The Academy of Our Lady of Lourdes" brought to mind the accounts printed about the annual pilgrimages of variously afflicted persons to the little Pyrennian town near which is located the grotto of Lourdes. There have been many press notices published about the wonderful healing properties in this grotto. Only the other day, the Congregation of Rites at Rome issued a decree announcing the beatification of Bernadette Gouborous, the peasant girl to whom appeared the apparitions of the Virgin Mary at Lourdes, which were followed by the first of the extraordinary cures which made that place so famous. Not unlike the hopeful promises held out to the afflicted by the public press of Rochester's healing power, there too seems to

be no limitations to the kind of disease cured at Lourdes. The same diseases, such as cancer of the stomach and of the heart, hernia, cirrhosis, bronchitis, Bright's disease, nephritis, caries, necrosis, arthritis, elephantiasis, lupus, tumors, morphinomania, deaf-mutism, wounds and sores and broken bones, are all permanently cured by immersion in the waters of the grotto, and these are not a tithe of the diseases that have been cured. The walls of the grotto are now covered with crutches and various kinds of braces left by pilgrims after being cured. The character of the pilgrims to both places seems to sustain a striking resemblance. One cannot help but associate comparisons in the mind.

With Rome's approval, pilgrimages to the Grotto at Lourdes will at once become even more popular as a Mecca for the sick. Recently, George Bernard Shaw declared that America is the "classic land of Christian Science." This rapidly growing church is also in the healing industry. Indeed, the future seems to possess but scant comfort for the doctor who is struggling along without the lure of a fetish to attract to him valetudinarianism.

Among the other phases of Rochester, I found much that is in common with other frontier settlements that I had visited up in the great northwestern part of our country. The pioneers of those earlier days were men and women, who had emigrated into this Eldorado from the same communities in older states. Their early lives were passed in much the same way with similar home ideals. Hence it was natural for them to fashion these pioneer settlements much alike. So that indeed all the towns that grew up in the early days bear a striking resemblance one to the other. There are the court-houses, all of the same architectural pattern, situated usually upon a plot of ground by themselves, and near

by various stores, on the opposite sides of the streets. There is the post office, and the various denominational church buildings, all constructed upon much the same plan. The little homes mostly built of wood looked to be fashioned by the same hands. All over Minnesota, however, it is very noticeable that the Catholic denomination is represented by the more imposing church edifices. These have a dominant number of worshippers in every town. The same may be said of the public school buildings and the parochial schools. The latter are more pretentious and equally (if not more) prosperous. As I have intimated, the early settlers of the country are people coming largely from the same stock, and among the present generation there is a striking resemblance. Indeed, I often thought that I could see a typical double of the big banker of the town among the farmers on the street. Nor will one find it a difficult task to pick out the double of any member of the Mayo firm from among these same people.

Rochester is hardly beyond village size, but it has a metropolitan air. Indeed its life is cosmopolitan. It has been brought up to date largely in consequence of the modernizing influences of its learned and busy medical men and their vast clientele made up largely of fashionable patients from all parts of the world. Yet the general make-up of the place is easily seen to be along lines of other towns in the state. The older residential districts of Rochester are identically the same as one may see among any of the early settlements throughout the state.

Rochester, however, has gone far towards the front in providing educational facilities for its rising generation. A magnificent high school was erected a few years ago, that now stands a towering monument to the progressive spirit of the people. The building and play-

grounds occupy an entire block. These splendid provisions for the children of Rochester would be a credit to a city several times its size.

I extended my travels over Minnesota to Big Stone Lake, some three hundred miles northwest of Rochester, hence I had a view of Minnesota's rich farming lands, and at my several stops became acquainted with many of its people. The fertility of its soil is unexcelled. The agricultural districts of the state reflect a splendid citizenship. There are no idlers here. When harvest time comes, a helping hand is hard to secure, for the reason that every citizen in these districts is employed.

I was much taken with the character of the citizenship in Minnesota. Those residing in the towns, as well as those living in the outlying rural districts, all seem to be regular church-goers. I must say that I never saw gathered together at one time a happier or more wholesome-looking lot of people than I saw on a Sunday among the country folk emerging from the churches. It seems as tho the whole community attends, and that none remain away from the services. The spirit of the church seems to pervade the social life of these smaller communities. Here it is, too, where perfect robust health is seen, indicated by the rosy cheeks of the young girls in their modest, maidenly attire, and the sturdy figures and manly faces of the boys in their comfortable garb; scenes strikingly different from those coming before one in the streets of a big city, where the young girls go about dressed more after the fashion of the women of the streets. Here in the country, among these well-reared young folks, one sees nothing suggestive in the style of dress. The appearances are only such as would naturally indicate maidenly modesty. Much praise is no doubt due the church influences. But,

"So many Gods, so many creeds,
So many paths that wind and wind,
When just the art of being kind
Is all this sad world needs."

—Ella Wheeler Wilcox.

I cannot resist the temptation of quoting from the same author the following beautiful lines, relating somewhat to the above thought and which have so often found themselves uppermost in my own mind:

"It is hardly worth while to be anything else but kind,
It may be that some of us sin but 'tis easy to find
That more, far more of us sin just because we are blind.
It is hardly worth while to be anything else but just
For today or tomorrow we die and our bodies are dust,
And the millionaire's head is as low as the man with
the crust.

It is hardly worth while to be anything else but good—
We may as well serve the Master the way that we
should,

We may as well love Him and serve Him the way that
He would.

To be honest and pure, to be faithful and brave and
resigned,

Ah, this is the standard He sets for a heart and a mind,
And day after day, till the end, to be kind, to be kind."

Rochester, itself, is nestled down upon the banks of a body of water natively called the Zumbro River, and lying in a little valley just off the western prairie. But the river looked to me as though it were misnamed, for one day while standing upon one of its bridges, I failed to detect any motion in the water. I asked a passer-by, who seemed to be a native, if the river had any current. His reply was to the effect that the waters did not move over one inch in twenty-four hours, so I concluded that if

the Zumbro were located in the state of Louisiana, the people down there would call it a bayou. The bluffs of the Mississippi are not far distant from Rochester. Indeed their outlines were pointed out to me from the fifth floor of the Zumbro Hotel, on the north side.

SIDE LIGHTS—ROCHESTER HOMES.

The little homes sitting in behind their hardy lawn shrubbery and continuous green masses of foliage, all enclosed by picket fences, add picturesqueness and lend to the scene quite a charm of repose and contentment. Four-fifths of these homes have posted at the side of the front-door the sign, "Rooms and Board." Upon the porches, which look to be comparatively spacious, one may see a long row of deep-seated, high-backed, comfortable-looking rocking chairs, invitingly arranged, and which seem to say to the passer-by, "Come in; you will find the hospitality within of even a more pleasing kind."

In one of the Mayo reprints, "Notes on Italian Surgery," I find the following references to the weather conditions in Minnesota: "From the first of June to the first of March, at least nine months, the weather conditions in Minnesota bear a favorable comparison with any part of the world it has been my privilege to visit. A popular and fallacious idea, at least so far as Minnesota is concerned, is that the summer months, especially July and August, are not favorable months in which to perform operations. We have found the contrary to be true. No other months in the year furnish a lower mortality or a smaller morbidity, and as a rule patients do not suffer particularly from the heat."

On a Saturday afternoon, while walking down from St. Mary's Hospital to the Zumbro Hotel, and passing a Protestant Episcopal Church building, I saw a notice posted on the lawn which announced that the Rector

would, on the next evening (Sunday) deliver a lecture on the Roman Catholic Church. This struck me as an odd undertaking for an Episcopal Minister, in a community largely dominated by the Catholic influences. The religious balance of Minnesota weighs heavily in favor of the Roman faith. Its communicants all over the state outnumber all other denominations. Indeed, while in Graceville, I was informed that a trial had been made to establish a Protestant Episcopal Church in that community, but the effect proved a failure in consequence of the inability to muster a sufficient membership to support it. On the other hand, I witnessed the attendance of hundreds of the best people in this community among the Catholic congregation. So that in the face of these facts, I wondered at the Rector's temerity. I made up my mind to hear what he had to say.

On the following evening, in company with Dr. W. B. Thompson of New York, whom I had invited to go along, I heard the lecture. There were few people in attendance, owing, I suppose, to the sultry atmosphere. I did notice, however, the presence of two Catholic priests dressed in heavy black suits. It was a cruelly hot, close evening, but Dr. Thompson and I sat it out. The fact that the perspiration was constantly dripping from my head and face made it necessary to keep my hands in constant motion in order to use my handkerchief, and I was led to wonder if the lecturer fully appreciated the compliment we were paying him by our presence under these sweltering circumstances. Presently the vestrymen came down the aisle, passing the plate for the offertory. Dr. Thompson immediately pointed out Dr. Graham, of the firm of Mayo, Graham, Plummer & Judd, as one of them. This was the first time I had seen Dr. Graham, so that under these circum-

stances, and on this particular occasion, I became acquainted with the general appearance of the doctor, and the fact that he was a churchman and an officer in the church.

Dr. Graham is stockily built and I should judge him to be over sixty years of age, with hair wavy and white like cotton. Dr. Graham did not graduate in medicine until 1894, ten years after Wm. J. Mayo had graduated, and six years after Dr. Charlie Mayo. Dr. Graham was occupied as a farmer, I understand, before 1894, and after Charlie Mayo became his brother-in-law, perhaps, it was deemed best to make a doctor out of him and take him into the firm. Anyway, the integral function of the firm would now find itself decidedly incomplete without him.

I must add that all during the lecture, my companion, Dr. Thompson, was kept busy mopping the sweat from his brow, but at the close of the lecture declared he had enjoyed it. I make this little diversion to show how inconsiderate the temperature is up at Rochester.

I was told at Rochester that the thermometer often dropped to and remained for days at forty degrees below zero during the winter months, and as to the heat in summer, the mercury in the Rochester thermometer had St. Louis beaten to a standstill. During the last of August and the first part of September, for a number of days while I was staying there, the thermometer stood above ninety, and on one of the Sundays, the druggist in the Mayo's drug store told me that the thermometer remained at 106 nearly all day. I left my room to make this inquiry because the heat seemed to be so intense. Dr. G. E. Lyon of St. Louis declined to join me on a drive, declaring it was too hot and dusty. Dr. Lyon had stopped over on his return trip from California. So it is very likely that they get two very wide extremes of

temperature in winter and summer. I found the dining room at Zumbro Hotel so very warm that many times I was unable to enjoy my meals. On one occasion, I asked the man in charge of the dining room if he could not furnish a few electric fans in order to relieve the oppressive heat. He informed me that I would have to see Mr. Kahler, who, I learned later, acted in the capacity of manager of the three Mayo Hotels, and was also a relative of some of the families constituting the medical corporation. (Still it is nothing unusual in these days of concentration of forces for hotel companies to have several different hostelrys under one management. Mr. Lyman Hay of St. Louis has all of the hotels worth while in St. Louis under his management besides finding time to run one or two at Hot Springs, Arkansas.)

A day or so later, Mr. Kahler was pointed out to me while he was passing the hotel in his automobile. The same informant reminded me that the machine cost \$7,000. The speed of the machine forbade my speaking to him.

The dining room of the hotel, like many of its rooms, is constructed for use in cold weather, and without provision for ventilation. Otherwise, the hotel is comfortable and conducted in a very satisfactory manner. The rates charged might be considered too high by some, for a country town where the tables may be supplied almost entirely by the adjacent gardens and farm. Of course, the coffee is shipped a long distance, so far, indeed, as to lose much of its strength in transit. I was fortunate enough to be able to supply my own from several small cans I carried with me. Hence, I experienced no disappointment in the matter of securing a good cup of coffee whenever I wanted it. It is a good thing for anyone traveling about among the small cities scattered in the northwest to include in his grip a supply

of choice coffee. Three-fourths of the hotels of this country are weak on coffee and to my taste the Pullman supply is abominable. While the hotel rates at Rochester suggest cosmopolitan distinction, at the same time, Mr. Kahler would more than likely find his hotels well patronized even if he were to raise the rates to twice their present figure. This I believe to be true for the reason that during my stay there, the hotels, like St. Mary's Hospital, most of the time have a waiting list. There is genuine optimism and an air of independence all about the hotels just as is apparent about the offices of the celebrated surgeons of Rochester. Everybody, patient and visitor, is forced to think that if they should feel disposed to make a "kick" about anything, they would have to get out of Rochester to do it. Hence, the patients submit most cheerfully (?) to Brother Graham's demands, and the visitors to Cousin Kahler's hotel rates. In these and other things, Rochester is absolutely without competition. Its one powerful, nepotic corporation controls everything worth while in the place, including "the four magic hands of the two greatest surgeons in the world." It all teaches a lesson of the advantages to be gained by medical combination, and leads me to believe that a "reasonable" medical trust might enjoy the same ethical privileges as those that are flourishing in the other fields of world activity. Success would more than prove a certainty in the event that a central, illuminating figure would be provided each medical combination. This is where Rockefeller, Carnegie, Armour and Swift shine, and where Harriman and Morgan shone.

HISTORICAL IMPRESSIONS.

"Except wind stands as never it stood,
It is an ill wind that turns none to good."

—Thos. Tusser, 1523-1580.

The story has been repeatedly told and many times printed that the present reputation of the surgeons at Rochester had its beginning following an ill wind which swept over the little town and the adjacent prairie farms, thirty years ago.

Upon inquiry of Mrs. M. H. Mellish, the editor of the Mayo clinic publications, I was enabled to make some notes in regard to this story. Later, when I returned home, I found these data somewhat incomplete, and in reply to a letter to Mrs. Mellish for further information, she very kindly sent me a copy of the history of Olmstead County, the county in which Rochester is situated. Anyone wishing to read the story in regard to this ill wind that did turn good into the professional pathway of the Rochester family of physicians, may find the recital detailed in the published history of Olmstead County—altho the ill wind was in reality a cyclone of devastating proportions, and caused serious casualties to many people living there and in the surrounding neighborhood.

Another item of medical interest printed in this history relates to the organization of the first medical society of Olmstead County. This took place in December, 1885, and its first officers were, President, Dr. W. W. Mayo; Vice-Presidents, A. W. Stinchfield of Eyota and E. A. Holmes of Oronoco; Secretary and Treasurer, Ida Clark of Rochester. The charter members were: Drs. W. W. and W. J. Mayo, E. C. and E. W. Cross and P. N. Kelly of Rochester; J. E. Bowers, Dr. Collins and Dr. Phelps of the State Hospital; C. Lane, Dr. Trow, Chatfield; W. T. Adams, Elgin; E. Stoddard, High Forest; C. L. Keys, Byron; C. Hill, Pleasant Grove.

The first president, it may be noted, was the father of Dr. Wm. J. and Chas. H. Mayo. The elder doctor was at that time 66 years of age. It is said that he remained

in full physical and mental vigor until he was 90 years old, when he received an injury to his left hand and arm. The bones and soft parts were mangled and crushed. The injuries were sustained while engaged in repairing some machinery. During the year that followed, three operations were performed, the last one being amputation of the hand and a part of the forearm. Had it not been for this accident, he might have lived many years longer. It may be interesting to the local members of the profession to note in passing that Dr. Mayo, Sr., completed his studies in St. Louis, acting in the capacity, a part of this period of time, of assistant to the late Dr. John T. Hodgen, and graduated here in 1854. The mother is still living and past ninety. She, too, became the victim of a serious accident only recently that resulted in a fractured hip, which has caused an unfortunate invalidism and confines her to her home.

At the time of the cyclone, and during several preceding years, the Sisters of St. Francis, a charitable order of the Catholic church, had been successfully conducting a convent and the Academy of Our Lady of Lourdes in Rochester, and it was through the efforts of the Sisters of this organization, together with the aid of the elder Dr. Mayo, that St. Mary's Hospital was founded. It was on the second day after the cyclone that the Sister Superior, Mary Alford, and Dr. Mayo, Sr., inaugurated the movement. The hospital was opened October 1st, 1889, with a capacity of forty-five beds and about a dozen patients. These were the particular circumstances attendant upon the organization and beginning of what is now said to be one of the busiest hospitals in the world. Its present capacity of two hundred beds is found insufficient to accommodate the number of patients seeking admission. There is always a waiting list.

PERSONAL EQUATION.

Nearly every doctor in the country is able and willing to advance a theory in explanation of how the Mayos were made to flourish so early, and how they remained able to maintain a degree of prosperity never before reached by any organization of regular physicians. I myself am led to venture the conclusion that the personal equation will have to be taken into account in order to learn something more definite in regard to the resourcefulness of the constituent elements of that organization, and along these lines it may be possible to reach a better understanding of how the crude beginnings of these doctors out in that little prairie town, grew so rapidly that, in a period of only a few years, Rochester and its surgeons have been and are now publicly spoken of everywhere, a circumstance that has never before happened to any doctor or set of regular doctors.

It is a common comment at Rochester that Dr. Wm. J. Mayo is the dominating figure of the firm, and I have read the statement that those who know him best are inclined to rank him with such men as E. H. Harriman, J. Pierpont Morgan, J. J. Hill, Theodore Roosevelt and other towering intellects who have so marvelously influenced their respective fields of activity. It has been said of Harriman that his name might have gone down in history as a great general had he chosen the profession of arms, and that Pierpont Morgan might have been another Disraeli had he devoted himself to statesmanship. So it seems that in every pursuit in the affairs of human activities if a man is aptitudinally a genius, he will get the money. No one will pretend that these men overlooked any chance to further personal possibilities of gain, for reports have been in the air for a long while until there is now clinging about them an odor of offensive notoriety in this direction. The opinion is pretty

generally established that these men have allowed the selfish instinct to dominate their whole lives. As before intimated, every doctor speaking about the matter, has his own explanation for the development and growth of the Rochester medical organization. Yet, most of them are willing to concede that there is something of a mystery surrounding it all. The belief is general that by some way and by some means, there has been built up a myth around this firm as the "greatest surgeons in the world." Curiously inclined myself, I wanted to go there, and if possible to brush the veil of mystery aside for the purpose of learning something about the secret of their success, and what the nature of the peculiar professional atmosphere investing Rochester really was. The world at large has always been led to think that the road to fame is rough and rocky, the struggles for achievement often checked by the rude tortures of disappointment. I had not heard that disappointment had ever fallen in the pathway of the Rochester doctors.

The story of the medical career of the Mayo brothers properly begins with the history of the early struggles of their father. Since it forms the basis of their future medical life, it may not be amiss to sketch briefly the life of that father.

"Back in the pioneer days, the father settled with his wife in St. Peter, Minnesota. Finding there but a very limited amount of practice, he joined his wife's uncle in a farming enterprise at LeSueur. Here he built a house, cutting his own logs. Farming, however, proved unprofitable so he hung out his M. D. shingle on the outside of his log house. Before he had his first patient, he received a visit from the only other physician in that section. 'There is not enough practice here for two of us—you will have to get out.' The elder Mayo laid down the tools with which he was finishing his house, and straight-

ening himself up, replied, 'I have come to stay. If either of us leaves, I will not be the one.' A short time later while the doctor was shingling his barn, an Easterner called asking him to go visit a sick cow. Dr. Mayo accepted this first call and brought his patient through safely. The next patient was a horse; the horse died. Dr. Mayo here gave an exhibition of that scientific thoroness and interest which he left as an inheritance to his sons. He performed an autopsy on the horse to find out the cause of its death. This was the first autopsy that any of the Mayo family performed in Minnesota. The practice of medicine continued unprofitable. The position of Captain on a boat which ran from St. Paul to Fort Ridgely on the Mississippi being offered him, Dr. Mayo accepted. For two years he held the job, continuing the practice of his profession during the intervals when on land. It was not until he received an appointment as army surgeon that he was able to confine his attention wholly to the practice of his profession. A short time after his appointment, he was transferred from his first post at New Ulm to Rochester, a small village of 2,000 inhabitants, to establish an enrolling post for volunteers of the Civil War. He here branched out into private practice and at the close of the war, he found himself well-established for a country doctor."

I hope I may not incur adverse judgment and be charged (by the paragraphs that immediately follow) of work of supererogation, or be charged with attempts of carrying coals to New Castle, for I want to remain within bounds of plain duty in regard to this record.

SENIOR SURGEON AND ST. MARY'S HOSPITAL.

The now senior surgeon of the Mayo firm has advised in speaking of veiled problems that "occult inspection has been necessary to dispel mystery and develop the truth." Now, it is indeed human nature to want to pry

into enviable and attractive situations which are covered by the veil of mystery. And again, I have often wondered if it were not this human frailty that has led many others to Rochester. I herewith subjoin in a paragraph, from a reprint over the signature of one of the firm members, printed in September, 1910. This reference is included here because I believe that from it I may secure sufficient authority to justify the comments that follow, altho I must explain beforehand that they are not intended in any respect to convey the meaning of a criticism. Speaking of Italian Hospitals, he says: "If one goes abroad to criticize, there are plenty of opportunities. But why go abroad for that purpose? There are plenty of opportunities at home."

Yet in the face of this reflection on Italian Hospitals, there are many ideas utilized in the Mayo Clinic that originated in the hospitals of Italy, so it is easily clear that if one should criticize St. Mary's Hospital even after deriving valuable information therefrom, he could hardly be accused of lese majesty, for he would only be trying to emulate the example set by its most noted surgeon.

"And this is the Mayo Clinic." This was the first thought that came into my mind upon entering one of the little rooms in which the operating is done. After passing in and out of the other three operating rooms, two of them busily occupied by Drs. Beckman and Judd, the thought again came to me, tho in a different form, "And this is what is emphasized as the Mayo Clinic." The impression that one gets from the publications coming from the editorial rooms of the surgeons, and the contributions found published in the lay press is wholly different from what one gets on visiting the place in person. Indeed, from this personal viewpoint, I could only see a mirage. My impressions led me to believe that it was purely a Mayo clinic—a clinic coming within the scope of modern

clinical ideals with lectures describing the diseases, operative procedures, pathological processes, and so forth, as is the custom in all modern clinics. I naturally believed these things for the reason that it had been given more publicity than any other in the world, and believed that it would more than favorably compare with a clinic like Murphy conducts at Chicago, or that Senn used to carry on at Rush, or that Crile conducts at Lakeside Hospital. But to my mind it was only a mirage of these.

If one wishes to compare the talks given at this clinic with those of Murphy at Mercy Hospital, the lecture feature of the former will show to a very decided disadvantage. For example, take the goiter operation, one that is made so often at Rochester. It may be found that Murphy in one clinical lecture on this subject used over 7,000 words in describing the disease and its surgical treatment. At St. Mary's, I saw a number of these operations without a half dozen words being spoken. Going further, take the cases of appendicitis. The surgeons of St. Mary's Hospital are familiar with this type of case and the operation. They do many, especially of the quiescent type, and ought to have much to say about these cases. One seldom ever hears but a few under-toned remarks. On the other hand, Murphy found 3,300 words to use in one clinical lecture covering the more interesting phases, and the surgical technic instituted for the removal of the appendix, so that I cannot help believing that the phrase, "Mayo Clinic" is more of an ambitious term than otherwise. Perhaps the title might not meet with the approval of the Rochester doctors not being sufficiently pretentious, but I should say that the words "private clinic of St. Mary's Hospital" would be more appropriately descriptive. This would at least eliminate the misleading feature of the name "Mayo Clinic," for some believe that it is neither a clinic within the meaning of

that term, nor is it exclusively a Mayo clinic, for the Mayo brothers do only a fraction of the work.

As previously mentioned, the phrase "Mayo Clinic" is featured in all of the pamphlets by the firm, Mayo, Graham, Plummer & Judd; whether the authorship belongs to any one of the forty or fifty members of the general staff or one of the other surgeons, it is given the same name. Founding my conception of this clinic wholly upon the publicity given it, I was naturally led to believe that the Mayo clinic must be one of the most wonderfully organized institutions in the world, and occupying a position far in advance of any other of its kind. One of the chief disappointments I found, had to do with the almost lack of anything that could be dignified by the term "lecture." Indeed the silence is so profound that even the visitors become scientifically obmutescent.

The lack of the instructive feature of teaching by lecture makes it almost wholly wanting in the essentials of a clinic. There is a total absence of anything coming within the scope of the term "lecture." What little they say is not even followed in colloquial order. Hence, from my own viewpoint, I could hardly contemplate it in the light of a clinic of modern or even remote times. For the reason I have mentioned, it does not in many essentials fulfil the acquirements of a clinic. Indeed I venture the conviction that any one familiar with the literary output of the firm, after witnessing the conduct of the clinic, will more than likely become disappointed, and moreover, conclude that it falls short of the published estimate placed upon it by the writers themselves. The talks they give behind the mufflers, in the presence of some listeners crowding around the operating table, or disadvantageously stationed at a distance, remind one of the odd ideas introduced by Pythagoras when lecturing before

his esoterics and his exoterics. The surgeons make a remark or two at intervals during an operation, but usually with their faces down on their work. This muffled voice makes it difficult to catch or understand what they say at a distance. The mufflers really seem to be a two-fold handicap to these operators. Even the young man who reads the history of the cases does so in a voice so uncertain and indistinct that one is wholly unable to catch in a connected way any of the information intended to be conveyed. Some of this is certainly due to infertile voices. Much of the difficulty or inability to carry their voices to those listening may be charged to the mufflers alone. Nowadays, the objects which the surgical clinic is designed to subserve are these: Teaching, studying diseases, and healing. Teaching clinical surgery without words is like sending a vessel out to sea without a man at the helm to set its course. Contrary to what is so often said complimentary to the personality of the surgeons in the clinic, they struck me as just plain men exactly after the order of all their fellows.

"Where Nature's end of language is declined,
And men talk only to conceal the mind."—Young.

To my mind the make-up of all of the surgeons and assistants for the operating rooms present certain phases of incongruity. For example, they make no change of their street-shoes when coming into the operating room. The surgeons, assistants and nurses all come in to perform the day's work in shoes they wear upon the streets and country places. The women, however, wear white shoes, but to all appearances the same style that are worn out of doors. They all wear gauze caps, but these scarcely cover two-thirds of the hair of their heads. They also wear mufflers over the nose and the mouth, but with eyebrows and locks of hair exposed. These mufflers are

composed of several layers of gauze. Now and again, the mufflers may be seen to have dropped below the nose of an assistant, but he goes about his duties just as tho nothing had happened to his fixing. Speaking of the muffler, and now and then dealing in light persiflage, Dr. Will Mayo explained that the mufflers were not worn for the purpose of preventing the surgeon's breathing into the wound, for he believed that there was absolutely no danger to the patient from that source; but that the mufflers were placed over the mouth and nose of the young men in the clinic for the particular purpose of covering up "their looks," and that he himself used the muffler to protect the patient in the event that he might perchance sputter. He said he didn't think he was a "sputterer," but such a thing was a possibility. He then attempted to illustrate what he meant by "sputtering" by describing certain paroxysms unexpectedly developed by the dog. But I failed to catch his words, and therefore the illustration was lost to me.

A further incongruity, to my mind, lies in the fact that the muffler considered by the head of the clinic just quoted, practically harmless as far as the patient is concerned, is permitted to leave the eyebrows exposed as a standing menace to the welfare of the wound. The two leading surgeons in the clinic have long, outstanding, shaggy eyebrows, some hairs pointing up and some down, indicating that the eyebrows are not well groomed. It would seem to me that here is a real danger, a danger, too, that is entirely ignored. Also, if it is deemed necessary to wear caps at all, why not cover the entire head as is Crile's practice, and not as they do, covering about two-thirds of the hair. Crile uses something in the form of a mask or helmet, which, when placed over the head and face, covers these completely, including the neck. The eyes alone are left without protective covering.



SKETCH ILLUSTRATING THE NECESSARY PROTECTIVE
DRESSINGS OF THE OPERATOR'S FACE.

As has been stated, the Mayo clinic is a clinic without words, or at least audible words. I was forced to believe that all the surgeons seemed to lack (in no small degree) the ability to express themselves clearly and distinctly. I mean by this that they do not seem to have the gift of clearly enunciating their thoughts in distinctly articulated speech.

The mastery of the clinic seems to go to Dr. Will Mayo by a force inherent in his dominating character. It is believed that he reflects the business as well as the medical spirit of the entire organization. He is inclined to be stout, but of remarkable nervosity and pervading command. He gets for operation the most attractive case, according to the opinions of the visiting physicians, and the thirty or more doctors there in quest of orthodox surgery crowd into his room at the tap of two bells. I was, however, led to think that some of the popularity of his room with the visiting contingent was more than likely due to the fact that he is a better talker, and his words are more distinctly articulated than are those voiced by the other surgeons. Also, he is not so timid in the use of his voice and language. Now and again he deals somewhat in levity and this alone affords at least some amusement to his hearers.

"I believe in smiles and laughter,
I believe in gentle ways,
I believe in making merry
When I have my merry days.
But when obstacles beset me
And the clouds above are gray
I do not believe in thinking.
I can laugh them all away."

GOITER WORK.

At this clinic, there is a pronounced trend toward the operation of a preliminary ligation of one or both thyroid arteries, in serious cases of goiter, before the more formidable operation of thyroidectomy is undertaken. The surgeons seem to want to emphasize the importance of this preliminary procedure, and insist that great benefit to the patient invariably follows. At least, for four months the patient's arteries remain ligated, at the end of which time, if his condition so warrants, a thyroidectomy is carried out. They say that in several hundred patients, the average gain in those who were below weight at the time of ligation was 22 pounds within the four months. But I saw at least two cases brought into the clinic after the lapse of four months from the date of ligation of their thyroid arteries, in which there was failure to make any gain. Hence it cannot be said that a gain in weight follows the ligation of the thyroid in every case. I noticed in other cases having recently undergone the ligation procedure, in which this preliminary work had a decidedly prejudicial psychical effect on the patient's ever-present state of trepidation, over the fact of having impatiently to await the operation they had in mind day and night during the four months of nervous waiting. It did more harm than good.

While it is very true that the thyroid work in this clinic is unsurpassed as to number, I am certain the actual work does not come up to the standard set by Crile. Indeed it is a debatable question in my mind as to whether the cases passing through St. Mary's Hospital receive a higher or even the same studiously intelligent skilful care as that which Kocher gave his cases of goiter twenty-five years ago. In order to make a practical comparison, I shall quote Senn's graphic description of one of Kocher's clinics, showing in particular how he handled one of the

more desperate type of cases. This report may be found printed in the form of letters from Senn to C. Fenger, dated Berne, July, 1887.

"I remained in Berne four days, and had an excellent opportunity to become familiar with the work in the surgical ward, but will only describe the operations of one forenoon, to show what a man like Kocher can do in three or four hours. The operations began at 7 A. M. and a little after 11 o'clock, the whole work was done. The world knows that Kocher's great specialty is strumectomy. He astonished us all a few years ago when he reported 101 cases of strumectomy at the time he first called attention to the danger which follows complete extirpation of the thyroid gland, as in quite a number of his cases in which the whole organ was removed: a condition allied to cretinism followed which he described under the term *cachexiastrumipriva*. He has now performed the operation more than 300 times, and his results have been so good that in a hundred consecutive cases, he has not had a single death. He looks upon excision of struma as one of the safe operations in surgery. I was very anxious to see the master of this operation confronted with a difficult case. Two cases were in the hospital awaiting strumectomy, and he selected for my special benefit the one which was expected to present the greatest difficulty. The patient was a woman about 40 years old, who had a large neck since childhood, which was now giving a great deal of difficulty in breathing, especially when undergoing unusual exertion. She was very ænemic. The tumor was located almost centrally over the neck, but did not dip behind the sternum. No fluctuation. Chloroform was the anesthetic used, and was continued throughout the operation.

"The external incision was made over the center of the tumor and across the neck. Even before the tumor

was reached a number of vessels had to be divided between two forceps. The veins all around and beneath the tumor had walls as thin as paper, so attempts to ligate them failed, and venous hemorrhage had to be guarded against by compression. Another difficulty from these thin-walled veins was that many times large trunks were accidentally injured in the blunt separation of the tumor from its surrounding tissues. The extirpation lasted over an hour, and all the forceps which the institution possessed, some 60 or 70, were brought into use, and at least another dozen would have been used had they been accessible. The patient, already ænemic lost considerable blood during the operation, and after all vessels were ligated and the wound sutured, and as the dressings were being applied, she passed into a condition of collapse with rapid, almost imperceptible pulse, dilated pupils and extremely pallid countenance. The operator at once had the patient's head lowered and the lower extremities elevated, and at the same time, injected ether hypodermatically. As the heart did not respond, he at once prepared for saline intravenous transfusion. A saline solution at the temperature of the blood was used. The median basillic vein was exposed, opened, and a glass tube connected with a rubber tube and an ordinary glass funnel was introduced into the vein and tied firmly with a ligature. The fluid was allowed to flow very slowly, and a little more than a litre was introduced before the contraction of the heart became firmer and the pulse fuller. When this was done, the pupils contracted, the patient became conscious and the operation was suspended. The dressing was now applied, and the patient put to bed with the head low, and artificial heat applied about the periphery of the body. An hour later the patient was conscious, pulse still rapid but with a fair volume. Under such circumstances a man's courage

is put to the severest test, but Kocher did not show the least excitement, and performed the transfusion very deliberately. The day after the operation, I examined the case with Kocher, and tho the pulse still remained rapid, all other indications were favorable, and it is more than likely that this patient, snatched from almost certain death by prompt treatment, will ultimately recover."

MAYO CLINIC—GOITER LITERATURE.

In two recent near-jejune productions accredited to Dr. Charlie Mayo, the first on "Factors of Safety in Operating for Exopthalmic Goiter," and the other "Observations on the Thyroid Gland and Its Diseases," he takes occasion to say in the first paper in concluding the article, that ether preceded by atropin and morphin is the anesthetic of choice for a double ligation and thyroidectomy. If there be extreme nervousness, scopolamin is used, and the worst type of cases with affections of the heart and kidneys are operated on by local anesthesia or receive the benefit of Crile's "Anoscia"—injecting local anesthesia into the field of operation in addition to the other preparation before ether is administered. "The operation for hyper-thyroidism is not an emergency one nor is to be called life-saving in the extreme condition as the surgeon's secure judgment as to the stages and conditions of the disease and its complications, he is enabled to select a form of operation or treatment for certain conditions and he may then with impunity develop his fad in the line of preparation, anesthesia, operation and after-care, all minor details to which undue importance is attributed."

The inference is natural that the above was provoked by jealous pique or at least written from a biased point of view, and he is evidently trying to throw "hooks" into somebody. The conclusion of the second paper is

in these words: "In general, operations for goiter are becoming very common, not because of an increase of the disease, but because the laity are becoming to appreciate the benefit and the safety of operation, and surgeons are operating on goiters of long standing. Since the first of the present year, a little over ten months, nine hundred operations for goiter have been performed at St. Mary's Hospital with a mortality of one per cent."

This quotation is not couched in particularly modest language but it has a dash of this clinic's imperturbability. Both, to me, sounded decidedly humoresque. Perhaps naivete is the word that best fits. I should say this writer may not be of the potential type. Dr. Charlie Mayo has a doleful, inexpressive face, and a personality not distinctly impressive. Naturally, I take it, he is a quiet man with a reserved demeanor and not actively aggressive, tho it may be his wont to keep himself well within his own reserved dignity. He is, however, a tireless worker, but demonstrates little originality.

A mere glance at the goiter work of this clinic and that of Crile's will secure a valuable comparative viewpoint.

THE PRINCIPLES OF ANOCI-ASSOCIATION.

By special management of the patient prior to the operation by an anesthesia, without an emotional disturbance, and the use of the pleasant nitrous-oxide-oxygen anesthesia, and by local anesthesia, the whole operation is so managed that the principles of anoci-association taught by Crile extends well into the environment of the subject of this disease. Indeed, Crile gives his patients the benefit of the results of ecologic studies. I mean by that he extends his knowledge, studies and service in behalf of the patient to the actual science of environment. This forms a part of the essential detail of his

operative technic. The fruits of this new ecologic study simply means the prevention of harmful association, such as fear or dread of the operation on the part of the patient. This exclusion of harmful association and stimuli is obtained by Dr. Crile, first by putting all the brain cells to sleep that are capable of being affected by a general anesthetic. He then blocks off sensation from the areas in the field of operation by the use of local anesthesia. He uses for preference novacain, quinine and ureahydrochlorate, and has achieved brilliant results by this method. Crile has performed hundreds of experiments on animals under ether with the operation field cocainized in addition, and found that the cocain prevented the transmission of injurious impulses and so prevented shock. The application of the principle to the human subject showed that no patient died of the disease after leaving the hospital, no patient was made worse by the operation, in fact every patient was either benefited or cured. Here, and indeed in all of his masterful work, we can see how Crile is exerting notable influences not only over American surgery, but over the entire surgery of the world.

Crile tells us that "In grave cases, therefore, I so plan the operation that the psychic factor is wholly eliminated. Full consent to operate is obtained from the patient before ever entering the hospital. Then in the morning while in bed the patient is given daily, by the anesthetist, under the guise of inhalation treatment, a complete form of anesthesia. In some instances, a 'prior pretend' dressing was applied to the neck. On the arrival of the day of operation, a hypodermic of morphin and atropin is administered, half an hour prior to the anesthetic, which is given in bed in the early morning, and without a word of information, precisely as the inhalation treatment has been given. As soon as the second stage of anesthesia is

reached, the patient is taken to the operating room where all is in readiness. Performed in this manner, I have rarely observed any change in the pulse rate during the entire operation. In some cases, the patients were discharged from the hospital without knowing the gland had been removed. In more than 90 per cent. of my patients, in the routine operation, there are no unpleasant memories of the operating room. The post-operative discomforts are greatly minimized, and the mortality rate is reduced in proportion. In a number of the cases, the operation was done with a complete exclusion of fear; the brain being completely isolated from operative influences, is not more affected than if the operation were performed on the clothing. This is the ideal surgical state."

A study of the post-operative course of his patients showed that the recovery proceeds along a course analogous to that which follows a nervous breakdown to a major sorrow and a crushing disappointment. "Re-education in the philosophy of life," he advises, "would be a part of the after care."

In a paper by R. C. Coffey, M. D., of Portland, Oregon, recently printed under the title of "Impressions Gathered on a Recent Trip to Some of the Surgical Clinics of Europe and America," he adds corroborative proof of Crile's unique work, in the Lakeside Hospital at Cleveland, in the following words:

"In going thru the hospital, I found his patients all looking well, bright and cheerful. I think I am safe in saying I have never seen a more hopeful-looking and better pleased lot of patients. I was clearly impressed with the fact that I had never seen a more tender, more skilful and more knowing surgeon operate than Geo. W. Crile."

MAYO CLINIC SIDELIGHTS—BECKMAN.

Beckman is a spare-made man, statuesquely angular and bald, but I should say under middle age. His is a

long slender neck, and when he speaks it seems to have great freedom of movement, and its mobility is intensified by the additional effort required in breathing through the thick muffler placed over his nose and mouth, making the picture as a whole not attractably pulchrious, but then there seems to be no special cause for vanity over the pulchritude of any of these otherwise noted men. But Beckman, I am sure, is imbued with much earnestness, and is a diligent worker, and gets as much good surgery behind him during the morning hours as any of the others. He dissects rapidly and cleverly. I did not see him do any stomach or intestinal surgery. His work appeared to be limited to the head and neck. I was told that Beckman served as one of the earlier assistants to Dr. Charlie Mayo over a period of several years. I venture to say that while Beckman does much of the neck work in the Mayo clinic, pointing out that he follows Crile's original work, to my mind, his conception of the Crile plan of block dissection in surgical procedures of the neck, especially for cancer, is somewhat vague. His work, oral explanations and writings emphasize this belief. What he has written on the subject seems to have been liberally reinforced from Crile's contributions.

Crile writes: "In 61 cases I have temporarily closed the common or external carotid without immediate or remote complications. Proper closure of the vessel should be attended with little more risk of thrombosis or embolism than closure by tourniquet or by pressure applied on the skin."

Beckman: "One or both external carotid arteries can be ligated but the only risk being that from embolism."

Crile: "In one case, both external and internal jugulars of one side were excised their whole length from the bottom to the top of the neck, when, several months later, metastases appeared on the opposite side of the neck.

A similar excision of both veins was made on this side also but only after it was discovered what the compensation for the return circulation was. Following the excision of the internal and external jugulars of the opposite side of the neck, there was not the slightest circulatory disturbance, congestion or hint of insufficient return of circulation."

Beckman: "The external and internal jugular veins on one or both sides may be removed the entire length of the neck with safety. The collateral venous circulation is abundant and easily compensates for their loss. Since Crile advocated his block dissection, it has been learned that many muscles, nerves and blood vessels of the neck, formerly considered of importance, may be removed with comparative safety to the patient and with but little deformity. One or both sterno mastoid muscles can be removed with safety and very little inconvenience to the patient. The diaphragm, omohyoid, the sternohyoid, and the sternothyroid are all compensated for by other muscles and can be removed when necessary," thus treating the matter in a vague manner, and then abruptly dismissing it.

Crile explains his block dissections, after detailing the direction of the lymph streams in the neck, as follows: "Judged by analogy and experience, the logical technic is that a block dissection of the regional lymphatic system, as well as the primary focus, are exactly on the same line as the Halstead operation for cancer of the breast. Such a dissection is indicated whether the glands are or are not palpable. Palpable glands may be inflammatory and impalpable glands may be carcinomatous. A strict rule of excision should be therefore followed. A hyperdermic injection of stropin is given an hour before beginning the operation, for the purpose of paralyzing the nerve ending of the vagus in the heart, thereby wholly

preventing an inhibitory collapse from direct reflex inhibition, thru the vagus or its branches and controlling bronchial secretion. Morphin favors quiet anesthesia and partially supplements the general anesthetic. By taking advantage of the distribution of the sensory nerve, the supply of which is rich in the skin and superficial fascia, while scanty in the deeper planes of the neck, but little ether in addition to the morphin is required during the latter dissection. This is analogous to the ether morphin anesthesia in certain abdominal technics. The practical application of the foregoing data may be illustrated in the technic for the excision of carcinoma of the floor of the mouth, invading the lower jaw with extensive metastases in the submaxillary lymphatic gland. The patient is then placed in the inclined posture, head up, and the skin incision over the common carotid artery just above the clavicle is made. The artery is exposed by an intermuscular separation of the sternomastoid, its outer sheath nicked, the vessel exposed and temporary closure made. The complete skin incisions are then made, and the skin reflected back over the entire area of the field. The sternomastoid is divided, the internal and external jugulars are secured, tied double and divided at the base of the neck. The dissection is then carried from below upward into the deep plane of the neck. Behind the lymphatic glands, working first at the side then posteriorly, carrying upward all the fascia, muscles, veins, fat and connective tissue until the floor of the mouth is reached. The lower jaw is then divided at a safe distance on each side of the growth. The floor of the mouth and the border of the tongue are then similarly divided, thus completing the block."

JUDD.

Judd is a smallish, insignificant-looking man, and like Beckman finds himself destitute of hair on the top of

his head. He is a youngish looking man, and I should say a junior in regard to age in the quartet of surgeons. It is he who looks after most of the prostatic work in patients coming to this clinic. In this work he is by no means a routinist. It is clear to my mind that he has learned the lesson of making the operation fit the case. In his bladder and prostatic surgical methods, he adopts the surgical procedure that is best adapted to the individual case. He has read several papers on the surgical treatment of prostatics and allied topics. The only fault I have to find with his work lies in the emphasis placed upon the remaining puissance following prostatectomy and in the promises made to patients that the seminal ducts as they pass through the prostate will not be molested by the surgical procedure carried out by him for the complete relief of the patient. Especially, it is promised that the patient will remain puissantly a happy man. My observation convinces me that this is going too far in regard to the future possibilities of these patients. When Young began publishing the same thing, I protested and ventured the opinion, then, that such promises might prove an easy way to add to one's clientele but not prove so easy to fulfil. I am still of the same opinion, and strengthened all the more by an extensive investigation of the subject. I conclude that the real conditions within the hypertrophied prostate were never as seriously studied as were various individual methods of surgical procedure for its removal, particularly by the men who specialized in this field of operative work.

APPENDIX—SIDELIGHTS.

Many comments were made on the fact that in nearly every one of the abdominal cases at the Mayo clinic, the surgeons remove the appendix whether apparently pathological or not. After opening the belly, when the diag-

nosis is found unverified or undiscoverable in a case with symptoms, they at least remove the appendix. This is done by eliminating the appendix, lifting it up on the stretch and making a short stump by dividing between two forceps. A double purse string suture is applied and the stump is invaginated. The invagination is re-enforced by catgut sutures. The practice of invariably removing the appendix in the presence of symptoms without any discoverable cause for symptoms, is, I am satisfied, beyond doubt a most commendable routine.

This statement needs a qualifying explanation. In the first place, I want to add that my information is clearly conclusive in regard to the fact that unjustifiable appendectomies have been made and are being made daily. Some of these perhaps for no other reason than a monetary consideration; some again are made by ambitious surgeons merely to gratify this ambition. Again, symptoms are deliberately misinterpreted for the purpose of obtaining the consent of the patient to submit to the operation merely to increase the surgeon's numerical list. There should be a ban put upon this kind of work, which is more or less of a criminal practice. Perhaps it was the result of personal experience or something akin thereto that led a member of the Colorado Legislature to introduce a bill for the purpose of reaching this class of *rara aves*. My item about this bill reads: "Surgeons operating for appendicitis in this state will have to produce the defective appendices afterward or suffer imprisonment or fine. Those included by the bill imposes from one to ten years' imprisonment or a fine of from \$500 to \$10,000 for operations on healthy organs."

But now, since practical experience and clinical observation teach that a perfectly healthy appendix, so far as appearances go, may give rise to certain serious pains and

remain a menace to the patient's health until removed, it is hard to see just how a law may be so framed as to convict the real criminal practitioner and set free the surgeon who, to all intents and purposes, violates the same law. The apparent serious defect of the proposed law lies in the fact that conclusive incriminating evidence is to be founded wholly upon the macroscopic appearance of the appendix. From the viewpoint of the honest surgeon, only baneful consequences can be seen from the enforcement of such a law. Indeed, imagine if such a law were effective, up in Minnesota, for example, all the surgeons at Rochester would be subject to criminal prosecution. Perhaps some of us might be in jail were the law likewise effective elsewhere. The law in my judgment should be made to fit the specific crime, but the crime is in the motive rather than in the mere act of removing an apparently sound appendix. Present-day scientific thought about the appendix makes it necessary often to remove an apparently healthy appendix. This fact may prove a stumbling block to the lawmakers in the matter of discriminating between the work of the conscientious surgeons and the really unscrupulous doctors.

I witnessed Judd do an appendectomy, and at the same time short-circuiting the colon. Judd and others overlook the advantages of the muscle-splitting technic in appendiceal surgical procedure. In this operation which I was now witnessing, Judd stated that, so far as appearances go, the appendix was not pathological, but he removed it. He found an ampullated cecum with adhesions. These he liberated and then short-circuited the lower end of the colon for the purpose of reducing its size and lumen. The abraded surfaces following the denudation were quite extensive, including the separation of the colon well up out of its bed. He made no attempt to cover the abrasions, simply contenting himself with vassel-

izing these raw surfaces, then replacing the whole in the flank. This is contrary to the practice of many surgeons at the present time. For example, Crile, Murphy and others teach and follow the practice of enclosing every raw surface in the belly, and Murphy says that every abrasion in the peritoneal cavity should be covered.

On one occasion when operating on similar cases in his clinic, Murphy announced, "I bring all the raw surfaces into submission and turn the edge over so as to keep it as near as I can free from subsequent adhesions. We will make as much of an ectropion of the cut edges of the peritoneum as we can under the circumstances, as in all the surface that is here to get the line of approximation and lessening as much as possible future fixation." We all realize, ever since the time Senn introduced the practice, the great value of covering raw surfaces in the abdominal cavity with a patch of omentum. The omentum, when properly applied, will perfectly seal all such surfaces, and is always accessible and is always prophylactic against future troubles. Dr. N. Senn is the man who worked out that patch idea originally, and all the patch-work is based on Senn's original experiment. His wide experience and intelligent observation long since taught him the dangers of allowing abrasions in the belly to go unprotected. In Judd's case, in view of this doctrine, what he temporarily accomplished may have terminated in a worse condition. I was curious to know how the case was progressing but was unable to learn anything about it. What I saw Judd do in his work of short-circuiting the colon, set my mind to thinking in regard to this work of enteroptotic conditions of the abdominal viscera and the limitations of surgical possibilities in this field. Thoughts crowded into my mind in regard to the fate of the sutured raw surfaces within the belly cavity, after having been returned after a sort of haphazard manner. I recollect vividly the impres-

sion made upon me by Senn in this matter. It was always his custom to drive home the idea that one must imitate nature as nearly as possible, in order to secure early and uninterrupted restitution and integrum in the surgery of any part, especially within the cavity of the abdomen.

The views of the men who are actively working out the problems of enteroptotic surgery and its study are somewhat at variance, as would be natural at this stage in the study of the evolution of this trouble. There is, however, a general unanimity of opinion on the fundamental principle underlying the condition itself. Dr. Clark of Philadelphia has done an immense amount of work in this direction, studying the conditions of enteroptosis from childhood, following the cases as well as studying them in the adult. He has made many operations, but of late has grown somewhat conservative in regard to surgical intervention. He has called attention to the severity of surgical operation, and the danger to life, and thinks such cases should be selected with the greatest care, and the operations performed only when other means have failed to relieve an otherwise thoroughly deplorable state of health.

Mr. Lane of London, on the other hand, has some radical ideas on the subject. Mr. Lane believes that much of the ill-health of enteroptotic women is due to auto-intoxication, the result of a tardiness of the stomach and small and large intestines to empty themselves. He has performed many operations on these women with the idea of removing obstruction in the intestines which he believes exists in many of these cases and can often be clearly demonstrated. Mr. Lane believes that a large variety of body ailments can be ascribed to this intestinal stasis, including such remote diseases as cancer, trifacial neuralgia, aside from the malnutrition and muddy skin commonly met with. He has obtained ex-

cellent results by short-circuiting the bowel in such a way as to remove the obstruction and cut out a large amount of the absorbing surface, thus preventing auto-intoxication to a large extent.

Anatomical knowledge of the vermiform appendix leads one to look upon it as something of a progressive organ, during the early and adolescent period of life, and very much regressive during the later period of existence, and sympathetically during all of one's lifetime sustains a close relationship to the other viscera of the belly cavity, thru its nerves, arteries and lymphatics. From a pathological viewpoint, MacCarty of the Mayo staff has about made it convincingly clear that the appendix may become very much wrought up over the simple presence of an ulcer up in the stomach or duodenum; from stones in the gall bladder; diseases of the pancreas or liver and lesions in general in the intestines, elsewhere than in the cecum. The cecum, being originally an outgrowth from the convex side of the primitive intestinal loop, is completely covered by peritoneum and has no mesentary, since the mesentary of the ileum passes directly to the colon. The appendix being the original end of the cecal pouch is consequently also completely invested with peritoneum. The late Jesse Myer came close to a description of the foregoing in a paper which he wrote some time before I had seen anything written upon the subject.

When the ascending colon has come to life in the right flank, after descending from its position higher up in the belly in early life, the posterior layer of its mesentary degenerates into areolar tissue, fusing with that resulting from the degeneration of the parietal peritoneum behind it and by the same process, the back of the colon is attached by areolar tissue to the abdominal wall behind. This anatomical arrangement I think is a wise provision of nature in mechanics. The motor mechanism

or energy, whatever it may be termed, that renders the cecum and colon capable of emptying themselves, starts in the appendix and the mechanical power of the muscles is immensely more efficient in accomplishing this work, because of this mechanical arrangement by which the cecum is anchored under this peritoneal covering. The lesson that this anatomical arrangement teaches is important to the operating surgeon. After an appendectomy, nature should be imitated as closely as possible in the matter of the re-fixation of the cecum. Otherwise, its motor mechanism will remain almost nil, at least until nature forms re-attachments, if this is ever possible. From my own experience, most, if not all of the distress caused by the accumulation of gas in the cecum following surgical procedures that destroy its mechanical adjustment, is due to the loss of power to force the gas up and out of the ascending colon. The nerves supplying the cecum and appendix are derived from the superior mesentary plexus. The artery comes from the superior mesenteric artery. This artery forms all of the meso-appendix that it has. And the cecum and the appendix are richly supplied with lymphatics. The appendix, alone, contains a large lymph sinus at the base of the follicles, all factors of great importance in the study and surgical treatment of appendiceal cases. These parts, and indeed the entire intestinal tube, should never be handled roughly. The indications never justify it. Anyone committing the error only demonstrates one of his mistakes and lack of knowledge of the possible seriousness of the consequences. Then, as I have already intimated, the invulnerability of the belly wall secured by the muscle-splitting route to the appendix is too often lost sight of and neglected. In the event a hernia does not follow upon the careless technic, the liberated roaming cecum remains a constant source of annoyance, and in many instances a real discomfort to the person who

has been exposed to this kind of surgery, i. e., a condition results not unlike a Hirschsprung dilatation, or in other words Hirschsprung's disease follows. Indeed, I have seen several cases in which the appendix was removed and the position of the cecum found lying transversely, which I have tried to illustrate in the accompanying rough sketch.



The detrimental constitutional effects of this unfortunate surgical sequel are intestinal stasis and constipation; then follows the absorption of the toxic products of pernicious decomposition in the large intestine. It was Ely Metchnikoff who advanced the theory that such auto-intoxication was responsible not only for certain toxic neuroses, rheumatoid arthritis, and possibly diabetes, exophthalmic goiter, pernicious anemia, hepatic cirrhosis, and the like, but for premature senility, and for various local senile degenerations. It was perhaps upon this theory that Arbuthnot Lane of London has called attention in a systematic way, not only to these

defects but to the secondary adhesions which form and bind the intestine into kinks and limit the activity of its peristaltic movements. He has also proposed to cure this stasis and its resultant auto-intoxication by severing the ilium near the ilio-cecal valve and transplanting it into the upper part of the rectum. But why not practice prophylaxis in these surgical cases and avoid this unfortunate condition? Of course, I must have it understood that Lane's work has been limited to cases not due to surgical operations.

THE MOUTH IN HEALTH AND DISEASE.

In health, the tongue and mouth should be moist, the color should be pink and the shape of the papillæ visible, the filiform papillæ being surmounted by a delicate tipping of fur faintly colored, and a sweet, pure breath. As a general rule, one tries to keep the mouth and tongue the cleanest part of one's person. This is ordinarily observed in life, and yet doctors who make post-mortems know from observation that after death the mouth is about as nasty as any part of the human body. In ill-health, the mouth is forever wanting to be foul, and so it seems that at dissolution much of the nastiness of the garbage of the body is poured into the mouth. In the conditions of the cecum, I have described, and which result from careless surgery and entailing disability upon the cecum and impairment of its function, the mouth of the patient remains forever foul. Auto-intoxication has a special predilection for contaminating the mouth with pernicious influences of decomposition in the intestine. So that, aside from the now vicious mechanism about the cecum, the victims of a good many surgical operations must always experience the repulsiveness of a foul breath and mouth.

MAYO CLINIC—DIAGNOSTIC ERRORS.

I saw in the clinic, in one day, I think it was, all of the following described errors in diagnosis and surgical disappointments disclosed by operations. First case was noted on the slip placed in the waiting room provided for the visiting physicians and for their information. The slip read:

"Diagnosis—A fibroid in the uterus.

"Proposed operation—Exploration of gall bladder, removal if necessary."

This case turned out to be not a fibroid of the uterus, nor one with the disease of the gall bladder after the belly cavity was exposed, but to the utter amazement of those present and the operator, the uterus was found to contain a pregnancy of some months standing. After deliberation and a hurried consultation, the incision was promptly closed and the woman returned to bed.

Second Case—Diagnosis: Enlarged Spleen. Upon exposing the belly cavity, this case turned out to be one of cancer of the pancreas, and after a few moments' hesitation on the part of the operator, it was thought nothing could be done. Patient sewed up and returned to bed.

Third Case—Diagnosis: Empyema. A rib was resected in this case, the tissues of the thoracic cavity were then thoroughly explored by means of the trocar, but no pus could be found. After a few moments' hesitation, the incision wound was dressed and the patient returned to bed. (In passing, I may add that the case was from Oklahoma, and a doctor friend of the family was present, and told me that he was positive it was not empyema, but after examination by members of the Mayo staff, it was thought different and the operation advised and undertaken.)

Fourth Case—Nasty fistula leading to a gall bladder on which cholecystotomy had been performed in this clinic some months before. Adhesions most extensive requiring prolonged dissection.

The next case was a hernia in the tract of a gall bladder incision made here some time ago.

The concluding case proved to be aneurism. The belly was opened in the case of aneurism at the bifurcation of the aorta. The tumor rested upon the promontory of the sacrum, and after the surgeon introduced his hand to explore, announced that the outlines of the tumor in connection with the iliac arteries resembled to the touch the head of an infant with its arms extended. Nothing further was done in the case save sewing him up and returning him to his room.

While the assistants were dressing the incision wound in this case, the operating surgeon called the attention of the visitors to the man's physical makeup. He said the man was about seven feet tall with unusually long slender legs and arms, but with big heavy feet and hands. He said the feet were about twelve inches long.

The patient was a young man and came from some remote country district. It was plainly evident to me, and to the gentleman standing next, that the attending surgeon wanted to convey the impression that this patient was really more of an object of curiosity than of scientific interest. This person, and perhaps many of the other pitiable people who go to Rochester and expect to pass through the "Magic Hands" of the surgeons of St. Mary's Hospital, entertain implicit faith in the belief that here their chances for a speedy restoration to health is better than anywhere else in the world. The patients seem to be imbued with an unshakable faith in the belief that there are surgical miracles performed here.

POTENTIAL ENERGY.

The introduction of the hands following the incision of the abdominal wall for the purpose of exploration is done with a degree of ease that is worthy of note. The left hand is introduced in the belly cavity and used to explore the lower abdomen. The body of the examiner at the time of introducing the hand is turned half-way to the right. This position affords the easy movement of the arm and hand, and the exploration is made most thoroughly while the body and arm remain in an easy position. The examiner turns about facing the opposite direction and introduces the right hand for the purpose of examining conditions of the upper abdominal cavity. This struck me as a very clever part of the technic of this work because especially of the easy way in which it is executed by them. Really, I thought, a clever demonstration of the availability of potential energy.

KRASKE-MAYO OPERATION FOR CANCER.

The bulletin of one morning's list of operations included a Mayo-Kraske operation for cancer in the lower sigmoid. After witnessing the procedure, I was unable to segregate it as a distinct new method from a combination of those already known and practiced. Altho one writer tells us that some of the surgical operations are called distinctly "Mayo Processes." To my mind this does not seem to be one of them. They show a preference in their literature for the combined abdomino-sacral operation in two stages in extensive malignant infiltration of the rectum.

GASTRIC AND INTESTINAL CASES.

It is reported that there are more of this variety of cases operated upon in St. Mary's Hospital than any one institution in the world. The work is done day after

day by routine methods. The opinion is entertained among the staff of Rochester doctors that there is always present an actual irritant prior to the development of gastric cancer, and upon this opinion the clinical laboratory men place the greatest emphasis, and cling to the belief that even a gastric ulcer should be excised, whether healed or merely scar tissue. In covering this point, the senior surgeon of the clinic, in one of his reprints, advises that gastric ulcer should be excised and duodenal ulcers infolded with sutures. In some cases, he adds, it is impossible to inclose the gastric ulcer without great risk, and in the occasional case in which the duodenal ulcer is already roofed in by adhesions, it may not be advisable to infold it. In regard to the disposition of the pyloric outlet following gastro-jejunostomy, he writes: "Clinically and experimentally nothing short of complete division of the pylorus, turning in the end of the stomach on the one hand and of the duodenum on the other can be expected to give permanent results."

When the posterior wall of the stomach is accessible, they adopt, as a routine, the posterior no loop gastro-jejunostomy as the technic with a Moynihan holding clamp always brought into service over which the anastomosis is completed by means of the Hartman suture; i. e., holding the jejunum by a mattress suture to the stomach one inch proximal and one inch distal to the suture line of the gastrojejunostomy.

In order to prevent hemorrhage, an experience they frequently encountered in former cases, they now use a third row of catgut sutures uniting the mucous membrane along the posterior suture line. "The accident is not so likely to happen on the anterior wall and since applying this muco-mucous stitch to the posterior line, there has been no bleeding following gastro-jejunostomy in any of our cases." The above information is gathered in whole from the writings of the surgeons at Rochester.

For, as I stated in the earlier pages of this narrative, there is nothing to be learned in the clinic from anything they say. As I promised a while back I would discuss some of the more important phases of the Mayo clinic from a comparative point of view, I shall at this point refer to notes that I made at other clinics, reciting especially medical history of some of the cases and remarks bearing upon the surgical and other instructive features.

MERCY HOSPITAL CLINIC—MEDICAL HISTORY.

The following is given as a striking illustration of the difference in the conduct of this and the Mayo Clinic. Dr. Mix: "Attention is called to this fact that twelve years ago when the patient was 18 years of age he had an attack of appendicitis, and his appendix was removed. He says that no drainage tube was inserted but the scar is a ragged one. This attack of appendicitis eliminates from our consideration any possible consequence of appendix disease except possibly the post-operative adhesions. The first salient point in this history is its duration, the onset occurring eight years ago. Its course has been intermittent with periods of freedom from suffering alternating with attacks of epigastric pain sometimes excruciating and sometimes consisting only of an annoying sensation. We found by cross-examination last evening when I examined him that he had more trouble in the spring and fall of the year than he did during the summer or winter. Another important point in the history of this case is the relationship of the pain to the taking of food. The majority of cases of duodenal ulcer have pain coming on some time after eating and the pain is relieved by the further ingestion of food. It is a probable fact that the hyper-chlorhydria which is almost always associated with duodenal ulcer, is responsible for the acid stream of hydrochloric acid bathing the ulcer as it flows from the pylorus thus caus-

ing pain. It is a fact further, that, by the ingestion of food the pylorus is temporarily closed and duodenal alkaline secretion temporarily increased with the result that such acid as there is in the duodenal is neutralized at once and so the pain is obviated. I asked the patient if he was not one of those who gets up in the night to eat and learned that he was a night feeder. Night feeding is a very common symptom in these cases, many of the patients going to bed with some cracker or a glass of milk by their bedside. A negative point of some importance is the absence of vomiting during the eight years of his illness. It is true that he vomited on one occasion recently during an acute exacerbation of his distress but during the eight years he did not vomit at all during the history. About ten days ago, at the height of one of his attacks, he vomited for about three days. This is the only attack of vomiting we have a record of in his history. Such vomiting raises a strong presumption of peritoneal involvement. Also important is the question of the presence of blood in the feces. During his stay in the hospital we have not found blood, but about two weeks ago, as I learned by careful cross-examination for two days, he had very dark stools. He had not been taking either bismuth or iron. The stools were not formed but were mushy and pasty. There is no history of the vomiting of blood. Important also are the negative symptoms, the absence of the attacks of colic, jaundice, fever and chills. Physical examination shows very little. The only finding of importance is the tenderness over the duodenal area near the epigastrium. This marks the location of the duodenal ulcer. It is near the pylorus and evidently on the duodenal side. He has no icterus, therefore it does not lie near the duodenal papilli, or if it does, does not involve it and so produce an icterus. The ulcer is not on the gastric side because the period

of time (two hours) elapsing between the ingestion of food and onset of the pain is too great. And also because of the absence of the vomiting of blood and absence of blood in the Ewald test-meal. We are forced to the conclusion that he has a duodenal ulcer lying near the pylorus and of eight years' duration. We do not find on examination any signs of pericholecystitis. There is no tenderness on pressure over the gall bladder, and no gall bladder disease as far as I can make out, either from the surgical signs or from the history of the case." Clinical comments are what counts when one is seeking valuable, practical information.

SURGERY AND COMMENTS.

Dr. Murphy: "This man had an attack of pain last night which is exceptional for duodenal ulcer. The pain was so severe that he had to have a hypodermic of morphine. We will make the usual incision, going in thru the right rectus muscle between the umbilicus and the ensiform cartilage. Just as soon as the peritoneum is pinched he begins to stiffen. We will draw the stomach out into the wound. There is no evidence of ulceration here. Running over the lesser curvature with my finger, I find no induration. Now we will pass around to the pyloric zone. The pylorus does not come up as easily as usual. I can feel an ulcer on the posterior surface of the pylorus. It appears to be active. There is a mass here that feels firm and hard as tho the ulcer might have perforated on to the head of the pancreas. The thickening is very pronounced. The mass is as large as a butternut and as hard as wood. If this mass were in the stomach I would say at once that it is a carcinoma. Being in the duodenum, I can say that it is not a carcinoma; that it is an active ulcer which accounts for the pain he had last night. It is you see a big hard and

woody mass on the posterior wall of the duodenum. It is a condition which is very rare with duodenal ulcer. It looks more as if the ulcer had perforated clear thru the wall of the bowel and into the head of the pancreas. The pain last night went right straight thru to the back. It seems as tho there were a mass in the pancreas, but on careful palpitation, I can feel only a general infiltration. In this case, we must do a posterior gastroenterostomy with the button. The chances are that this condition is not malignant because it is in the duodenum. A malignant ulcer in that position is rare. The typical button anastomosis side to side was done. The patient has evidently had some bleeding, recent bleeding, probably last night. On opening the abdomen, we found the intestine full of blood. That is very interesting because the acuteness of the pain last night resembled in its severity the type of pain that one has in a tuberculous ulcer just preceding the bleeding. The evidence of bleeding is an instructive point. I rarely talk about the button now because I think that every one has found out for himself whether or not he wants to use it. A recent writer went through not only the recent literature but all of the literature in the clinic at Heidelberg. He mentioned a large number of cases, including those of Steinthal. The point that concerned me was how many failures with the suture and the button were due to hemorrhage. There were 547 posterior gastroenterostomies by Daniell suture operations with 14 vicious circles. In 458 cases done with the button, he had 5 cases of vicious circles. In Heidelberg, out of 333 cases with the button, there were only 2 cases of vicious circles. In 447 suture operations, there were 10 leakages, while in 397 button operations there were only 5 leakages or perforations. That is, about 1.2 per cent."

This author's conclusions may be summed up in this

expression: "If you want to do a gastroenterostomy and free from the danger of subsequent complications as regard leakage and hemorrhage, the thing to do is the posterior operation with the button. He says that the anastomoses done with the button is the ideal anastomoses. Zcerny has been using the button ever since it came out, first for his desperate cases demanding hurried operation, mostly malignant cases and now for all his gastroenterostomes. We do the suture operation in a small percentage of the cases but we never feel quite secure as far as hemorrhages are concerned. One point in using the button must be emphasized. In tying the puckering string around the neck of a button, always have the knot on the end of the cylinder, never on the side."

Murphy used nearly 300 more instructive words before concluding his talk on this case. That is, duodenal ulcer and surgical technic. In this clinic, Mr. Robt. Milne, F. R. C. S., of the London Hospital, gave the following offhand talk, and its scientific and technical character made it all the more interesting because of the fact that it was offhand. I am giving a liberal abstract of his remarks to show the value of the lecture feature in a surgical clinic.

"If you will look at that list of 19 operations on the board ranging from cerebral tumor down to tuberculosis of the metatarsus, you will appreciate my difficulty in choosing a subject, seeing that Dr. Murphy himself does work from the crown of the head to the sole of the foot. Since Dr. Murphy has mentioned septic ulcers, I may put before you some points on these in connection with some infections. I believe the great essential in the treatment of any pathologic condition is to remedy the cause, if these be still active. Can we determine the cause of gastric ulcer? We know in the mucous mem-

brane of the stomach, and even partially in the submucous coat, there are small collections of lymphoid tissue. These are in greatest number along the lesser curvature and in the pre-pyloric portion of the stomach; rare in the cardiac portion. Altho small in a healthy stomach, when inflamed they swell up, push the mucous glands to each side, and reach the surface. Various terminations are possible in such a swollen follicle. First, it may simply resolve. Second, it may break down in the center and a minute bead of pus be discharged in the stomach. Third, in the submucous coat there are the large blood-vessels. The follicular inflammation, if in contact with a vessel, may erode its wall, give rise to a miliary aneurism, or finally lead to rupture of the vessel. Fourth, the burst follicle, giving vent to the bead of pus, may allow the gastric juice to enter, to digest the coat of the stomach, and lead to the funnel-shaped, acute perforating ulcer to which, unfortunately, we have become accustomed. I shall enlarge on this later. Fifth, the entry of gastric juice may lead to a chronic ulcer, and so later to carcinoma. Terminations one and two would be called acute gastritis. Number three accounts for those cases of hematemesis in which gastrotomy revealed simply points oozing blood. Termination four may seem too radical, for you will remember several observers endeavored to produce ulcers by lacerating the gastro-mucous membrane in animals. They were only rarely successful. So in the human stomach, we believe that normally the edges of the mucous membrane fall together and gastric juice does not enter the wall of the stomach. If, however, from any cause, e. g., fibrosis due to repeated inflammatory attacks, the mucous membrane is altered so that the edges do not fall into contact, then the submucous coat is unprotected, and an ulcer follows from the penetration of the gastric juice. Other experimenters

injected lycopodium into the circulation to produce gastric ulcer. They were successful rarely. One pathologic condition seemed to support the theory upon which they were working. I refer to the contact ulcer. The small ulcer which we may find on the wall of the stomach or duodenum opposite a chronic ulcer. The theory would be that these may be terminal necroses due to embolism of a vessel on the lesser curve, just as blocking of the abdominal aorta might lead to gangrene of both legs, but not thighs. Pathologists started to look for these emboli. They could not distinguish them with the naked eye or with the microscope, and saw them only with the eye of faith. I believe these paired ulcers are not embolic, but that the second ulcer has been started by the infection of lymphoid follicles there from the septic surface of the primary ulcer. *We know how a pathologic appendix or gall bladder will lead to pyloric spasm and gastric pain. We can go no further. If you have in that gall bladder or in that appendix an infected process you have a possible source of infection of these lymphoid follicles in the stomach, and so a source of ulcer, and we have not done our duty to the patient in remedying the gastric ulcer unless, in addition to the operative treatment on the stomach, we remove that appendix, and deal with that gall bladder.*" etc. (Italics mine.)

"Mr. Bond of Leicester did some experiments. In patients with colostomes, we found indigo blue traveled from the rectum to the opening. He found in patients with vestical fistula that it traveled up the urethra and appeared in the fistula. The indigo blue particles appeared in the bile from a gall bladder fistula when administered by mouth. It reached the pelvic peritoneum as shown in laparotomies for pelvic trouble when placed inside the cervix twenty-four hours before. These phenomena were not due to capillary action, for they

did not occur in the cadaver, therefore were vital. They were not due to reverse peristalsis, for a cathartic hastened their appearance in a colostomy. They were not due to ciliary action, for there are not cilia in the bile ducts or urethra. Indigo blue is a bit soluble in bile, but it is deposited in the bile ducts in crystals. While in these experiments it was deposited as amorphous granules on the wall of the gall bladder. He explained the phenomena by ascending mucoid currents on the walls of the ducts or tubes, notice. All these experiments were on pathologic subjects and are not proof as to what would happen in a healthy subject. We know if a man has an infection in the bladder, there is little risk of that affection going up the urethra to the kidney unless there is some obstruction to the ureter. We believe that infection in the gall bladder comes not thru the common bile duct, but thru the circulation, the organism having escaped the destructive ability of the liver cells, being, however, as a rule, greatly attenuated and virulent. I had to operate on a woman aged 73 about a year ago for acute cocholesystitis, and her case illustrates the long time the organism may live in the gall bladder. She had suffered from typhoid 45 years before; her gall bladder gave her pure culture of typhoid bacilli. She gave a positive Widal, with a dilution of .132, and one of the nurses in charge of her developed typhoid, the patient being the only source we could discover. A third complication of interest to surgeons is in the kidneys. After speaking of gall stones, one would naturally think of the relation between infection and renal calculus. We have all unfortunately had to deal with patients coming with both kidneys packed with large dirt calculi and perhaps removed them. What was the result? That man will come back to us for certain within two or three years with re-formation as big as the former cal-

culi. Why? Because those stones were due to infection of the pelvis. They were what we call secondary renal calculi, and unless we get rid of the infection in those pelves, those stones will reform again and again. We used to think infection of those pelves occurred by way of the ureter, but have now given that up. We know on the contrary that the kidney can excrete organisms from the circulation without any apparent damage to the organ. We know that tubercle bacilli in the urine do not prove tuberculosis of genito-urinary tract. We know that the bacillus coli is found in the urine of one in twenty women and kidneys suffer no harm. If, however, a kidney be weakened by trauma, the right kidney may be mobile unduly, or by pressure on the right ureter by a pregnant uterus. The organisms can then produce definite lesions demonstrable clinically. I have said to you that in order to cure this type of secondary stone, the infection must be cured. Of course, infection does not play so great a part in renal calculi as it does in gall bladder calculi. Shade has done pioneer work in the elucidation of the primary renal calculi; the stone unassociated with infection thru this may occur later. To follow Shade's explanation of primary stone formation, we must comprehend what he means by the term 'colloids,' 'reversible' and 'absorption' as applied to this problem. Colloids are substances which appear to dissolve in water; (e. g., mucin or fibrinogen) but are probably in a condition of suspension since osmotic pressure is not affected by their presence. A reversible substance is one which can be redissolved after being deposited from solution, e. g., a crystal of magnesium sulphate. Mucin is a reversible colloid, fibrin is an irreversible colloid. Absorption is the property colloids have of holding in solution inorganic substances to an extent greater than could be resolved in an equal quantity of

water. He would suggest that, for example, uric acid in urine is held in there in excess by absorption, on urochrome and other reversible colloids. Should the uric acid be in excess of the amount which the colloid can hold by absorption, we can picture the uric acid being deposited on the colloid. Should the colloid be a reversible one, both colloid and deposit can be removed by more water. If the colloid be irreversible, e. g., if that uric acid be deposited on the surface of fibrin, then no amount of water will redissolve that irreversible colloid. The patient is forming a primary renal calculus, which no mineral water or drug ever cured. The colloid is the source of the small amount of organic matter found in every primary aseptic calculus. The tendency of fibrin to form laminae is the reason of the laminations of these primary renal calculi, and lastly, to cure that patient we have not only to diet him in future to prevent excess of the substance which forms the stone; we have not only to tell him to prevent relative excess by drinking an abundance of water, but we have to discover the cause of fibrin uria, or fibrin in the urine which occurs apart from hemorrhage. This problem has still to be solved."

MAYO CLINIC—GALL BLADDER.

They are not especially radical in gall bladder work. That is, not so much so, as for instance is Deaver in his work, for Deaver in many of the cases upon which I saw these surgeons operate would have made a cholecystectomy instead of a simple drainage operation. In a majority of the Mayo cases, the gall bladder is cleaned out by means of a spoon and the bladder temporarily anchored for drainage.

In an apparent effort to justify this conservatism, one of the women members of the staff lectured upon the

subject before a number of medical guests in one of the larger rooms of the Mayo office building. She said their work was not nearly so radical as that of other surgeons, but that she was sure that their statistics would make a better showing than those who were inclined to taboo conservatism in gall bladder surgery. The earnestness of her remarks led me to think that she had been coached in order to be able to criticise the gall bladder surgery of one or two eastern surgeons before her audience.

During my three weeks of observation at Rochester, the daily cases bore a striking resemblance in similarity. The average visiting doctor seemed to be surfeited with the same type. This similarity is corroborated by their publications. Dr. Wm. J. Mayo commenced writing on the surgery of the stomach in 1894, not a great while after he graduated and emerged into the surgical lime-light, and since that time, he has had published about 100 papers on the subject of gastric surgery or on topics correlative thereto. Charlie Mayo has read many, many papers on the surgery of goiter. This he began early in his career, but I take it that he intends to speak the last word on the subject at Chicago at the coming meeting of the Congress of Surgeons of North America, for the title of the paper which he intends to read there is: "A Summing-Up of the Goiter Question."

I did not see or hear anything about the newer things in surgery; such, for example, as congenital pyloric stenosis, bone transplantation, carbon-dioxid snow, bone decompression, the DeKeating-Hart fulguration, W. L. Clark's desiccation, pituitary surgery, nitrous oxide, intra tracheal and intravenous anesthesia, Murphy's formalin-glycerin injections, Lane's kink, subphrenic abscess, therapeutic immunization, Gerraghty test for renal impairment, specific cytotoxic serum for thyrotoxicoses, the newer technic in coecal operations, ecologic measures,

anoci-association, and the like. I saw no emergency work of any kind.

ASSISTANTS—MAYO CLINIC.

The men assistants at St. Mary's Hospital act as tho they were efficient and familiar with the work in hand. One of these, however, acted as if he were shining brightly in reflected glory and evidently proud of the semblance of authority given him at times. While I was sitting with another visiting doctor on the back railing in Judd's operating room, discussing the case that had just been operated upon, the particular assistant waived us both to the door, saying that they did not want the presence of strangers in the room while preparing patients for operation. I learned later that the particular person on account of whom we were asked to vacate, was a young man upon whose neck a trivial operation was to be performed. Upon learning this fact, the thought passed through my mind that the exercise of a little discriminating indulgence might have given us a better opinion of this fellow. Further deliberation over our own autopsy led us to think that the exciting cause of our enforced exit came as a consequence of the surplusage of reflected glory.

Dr. Balfour, the first assistant to Dr. Charlie Mayo, struck me as a different type of man than the assistant to whom I have just referred. He is pleasing in manner, cordial in voice, and painstaking in his work. It was Balfour who suggested the combination retractor that is now used exclusively for exposing the upper and lower abdomen in surgical work at the clinic. This device, formed by the union of the full merits of the Doyen and Goset retractors, makes it a most invaluable instrument. When placed in position with the intestines padded off, the pelvic organs are brought plainly in view of the opera-

tor, making it unnecessary to explore further by means of the hands for the purpose of gaining more light and information in regard to the condition within the pelvis. Everything can be plainly seen by the proper adjustment of the retractor alone. With this exposure, pelvic work may be accomplished easily with every step of the procedure plainly in sight. If anyone should use the instrument devised by Dr. Balfour, he will forever after find his surgical armamentarium incomplete without it. Balfour is a young Canadian and graduated from the Canadian schools. He is a son-in-law of Dr. Wm. J. Mayo, and hence is very worthily in line for future advancement.

I personally congratulated Dr. Balfour on the mechanical genius he displayed in giving to us such a useful instrument and added: "Now if you could devise an instrument that would expose the gall bladder region like the retractor does the pelvic organs, we would remain still more deeply your debtor." Tapping the top of my shoulder with his finger, he said: "I shall have just such an instrument working very soon."

Balfour graduated from Toronto University in 1906.

Besides the reprint describing the combination of the abdominal retractor I have one copy each of two other papers written by Balfour: "Polycystic Diseases of the Kidney and Tuberculosis of the Kidney." These excellent literary contributions to these studies, I have no doubt, came directly from Balfour's own mind and were purely holographic. His early, excellent training accounts for the marked difference in the surgical literature.

This good fortune does not seem to surround the future prospects of all the assistants, for I heard one of them bemoaning the certain fate that was early awaiting him unless he succeeded in marrying into one of the families

of the firm. But this young man was finding much consolation in keeping the fact in mind that Dr. Wm. J. Mayo has other unmarried daughters and Dr. Charlie has six. The Mayo firm is an incorporated organization and I take it that the firm name is styled "Mayo, Graham, Plummer and Judd." At all events this is the name I noticed on some of the medical journals received by mail. Dr. Charley Mayo married Dr. Graham's sister, and Drs. Judd and Plummer married nieces, so you can understand how it is that Judd is working in the clinic and Plummer became a member of the firm and is given prominence otherwise. Dr. Graham is the factotum at the office. The whole is strictly a family affair. Edward Starr Judd, that is his full name, graduated in 1902 from the College of Medicine and Surgery of Minnesota. E. H. Beckman graduated at the same institution in 1901. The antecedents of both are somewhat obscure.

In each operating room, there is always one sister noiselessly but busily occupied. One of the visiting doctors whom I found to be engaged making observations on the appearance, movements and dress of the female assistants at the clinic, laconically expressed the opinion that the sisters act as tho they were "ninety-nine per cent. impersonal and the Protestant nurses as ninety-nine per cent. personal." Why shouldn't they be? The sister is content in her present sphere but there are stirring in the mind of the nurse other aspirations. The sister in each room is in charge of the surgical instruments. She seems to know the nature of the next proposed operation and the necessary instruments are always found arranged in readiness for the surgeon before he begins the surgical procedure planned, before the patient is placed upon the operating table. She is neatly and modestly attired in the regulation dress of the Order of the Sisterhood of St. Francis, but in pure white. St. Mary's Hospital is

under the control of the Sisters of St. Francis. While pondering over the early history of St. Mary's Hospital, I seemed to be able to see the self-sacrificing devotion of Sister Mary Alvord and I thought the name "Mary Alvord" ought to be enshrined with emblems of love and placed high upon the hospital made possible by her noble work. The same sisterhood controls St. Anthony's Hospital in this city, St. Louis, and anyone passing Chippewa Street and Grand Avenue, South St. Louis, will be attracted by the towering building and its beautiful grounds.

Here it is that Dr. Bartlett performs many surgical operations. It is only natural, I imagine, for one to experience glowings of uncommon gratitude for the doctor and the hospital under whose care he successfully passes thru a serious surgical ordeal. Perhaps this is true with me, for I underwent the operation for appendicitis in St. Anthony's Hospital, and there was not a moment following the operation that I was not progressing toward the complete restoration of my former self. Dr. Bartlett did the surgical work, and the faithful kindness of the Sisters added much to my comfort, as well as to the certainty of a speedy convalescence. During my stay at the hospital, I had the opportunity of seeing a variety of Dr. Bartlett's cases, and I can say that every one of his operations shows the hand of a skilful surgeon.

ANESTHETISTS AND ASSISTANTS, MAYO CLINIC.

The anesthetists are all women of mature years. According to my information, at least two of them have served in this capacity for a number of years and no doubt have become experts in the administration of ether anesthesia, but after all these years of experience might find themselves greatly puzzled if called upon to secure nitrous-oxide anesthesia. They and the other women in the operating rooms wear caps, but with that irrepressible

vanity so characteristic of all of our sisters old and young, a few locks of hair may be seen playing coquettishly from beneath each one's cap. I pondered over this, and wondered that the senior surgeon tolerated even this womanly bit of ornamentation in his clinic. In speaking of the London hospitals, he embraced the opportunity to animadvert on the subject in this wise: "I was glad to see in many of the hospitals that the nurses were compelled to wear a head covering in the operating room instead of allowing the hair, some of it their own, to fly about their heads in the barbaric manner prescribed by modern style. It is incongruous that an operating room nurse should be covered by gown, rubber gloves and sleeves and yet allow her hair to fly in every direction like shaking a hair duster on things she should protect."

NURSING STAFF, MAYO CLINIC.

The nurses at St. Mary's Hospital are neat in appearance and have pretty, fresh faces, and in their nicely fitting uniforms and white shoes make up an attractive picture. Some, or at least most of them, seem to have been reared with plenty of outdoor life. They have the bloom of the country upon their cheeks, and each has a personality that might be envied by any city belle. It must be noted here that there are many handsome, well-dressed young doctors, some from far away cities, constantly in attendance at the clinic and passing thru the hospital halls. Hence, one would think it perfectly natural for these daughters of the northwestern prairie to want to show their natural charms to the very best advantage. There may be method, perhaps, but 'tis of a coy variety. But it is nevertheless true that the trained nurse is a potent factor in hospital activities in general. She it is who becomes supreme in authority in matters relating to the patient's care in the surgeon's absence. She, indeed,

remains the surgical mentor, and the patient must obey her orders. Oftentimes, she must assume critical responsibilities. She acts a part of the hospital life of the surgeon, and is always able to handle the more serious cases in a way that results in great relief from the burden of anxiety and worry. By her efficient and kindly offices, the hospital life of the patient is relieved of much of its depressing monotony. Here follows the sentiment of a hospital patient expressed in verse, whose nurse he found not any more attractive than she was dutiful.

MY UNIFORMED NURSE.

A sweetly winsome face,
Ripe lips and merry eyes
Where tender pity lies;
Brown hair beneath a cap of lace
To keep the wayward locks in place.

A fichu neat and plain
Crossed on her bosom white;
Her heart beneath is light,
But throbs in sympathy with pain
And other's sorrows feels again.

Her very presence heals,
Her quiet footfalls soothe,
Her hand is soft and smooth,
And as my fevered pulse she feels
A glad thrill thru my being steals.

And when, grown bold, I say,
"I love you, gentle nurse!"
She says, "I'm sure you're worse!
You must not talk, you're worse today."
And so she flings my heart away.

MAYO CLINIC—DR. MAC CARTY.

The clinical laboratory presided over by Dr. Wm. Carpenter MacCarty, St. Mary's Hospital, I found to be a place full of interest. Dr. MacCarty is a genial cordial gentleman and does not require formalities when one wishes to enter his workshop for information. There are four or five engaged with him in his laboratory, and he and his assistants are at all times very busy. He is widely cultured, and stands very high in his field of work. He has ideas of his own too about the possibilities and limitations of surgical procedures, and he has offered many valuable suggestions to surgeons with respect to the interdependent relations existing between certain organs of the body. He is working out pathological problems that will no doubt eventually throw much light on the causes of the extension of symptoms into a group of organs from the primary focus in one. His summary covering this new field of study is as follows: "First, what are the pathological conditions which arise in the gall bladder?"

"Second: What pathological conditions are frequently associated with lesions in the gall bladder?"

"Third: What evidence is there for common disturbance in the activity of the duodenum, stomach, liver and bile passages?"

"Fourth: What is the relationship between the conditions of the stomach and the conditions in the duodenum and the function of the liver, gall bladder and pancreas?"

"Fifth: Is there any relationship between the frequency of pathological conditions of the appendix and disturbance in the stomach, duodenum, liver, gall bladder and pancreas?"

Dr. MacCarty is a tireless worker and his laboratory is full of zealous activities. I read in one of the pamph-

lets from a member of the Mayo medical staff this sentence:

"And I think we have shown with a considerable degree of accuracy that 70 per cent. of our cases of cancer of the stomach have developed upon previous ulcer of the stomach." I handed Dr. MacCarty this pamphlet with the above quoted sentence marked and after he read it, I asked him the following question: "What is the percentage of healed ulcers of the stomach that later develop cancer?" He did not know definitely but suggested that whether healed or open should be excised. A radical practice perhaps, but I am sure full of wisdom.

Dr. MacCarty has suggested another method of obliterating the gastric ulcer. It is a method he described under the terms "autolytic excision by a pentagonal compression suture." In these experiments, John Wm. Draper was associated with him, and in their reprint, it is stated that the authors wish it understood that they are not advocating this method for the treatment of gastric ulcer or any other special lesion. They leave to the ingenuity of others its possible adaptation to occasional and varied uses. "Interrupted compression sutures," they further admonish, "which have occasionally been used in the past are not more quickly introduced nor as certain of constricting all the blood supply as a continuous stitch. We have found that a continuous suture in the form of a superimposed double pentagon is satisfactory." Dr. MacCarty has also devised a very useful apparatus for the quick examination of specimens. He describes it as "a simple photographic apparatus for immediate record of fresh and fixed macroscopic and microscopic sections."

Dr. MacCarty is an inspiration to his associates.

SIMPLE METHOD OF PREPARING THE SKIN FOR SURGICAL OPERATIONS, MAYO CLINIC.

For over a year they have not been using the old method, which included a cumbersome pack on the patient's abdomen over night, in preparing abdominal cases for operation, a thing I have long contended should have been abandoned because of its terrorizing effects upon the patient's mind. They now use the same method of preparing the skin for surgical operations as was instituted and practiced in the clinic of Dr. Bastianelli in Rome. This method eliminates the old scrubbing process, followed by the application of numerous liquid solutions and the pack. The Bastianelli method consists simply of the application of two solutions to the dry skin; the first solution is composed of one part of iodine crystals to one thousand parts of benzine. Solution No. 2 consists of 3.5 per cent. tincture of iodine made by diluting the ordinary tincture one-half with alcohol. If it is thought advisable to shave the field of operation before preparing the skin, this should be done either dry or by using benzine so that no water is absorbed by the cells of the tissue; or, if desired, the field of operation may be shaved some hours before. Solution No. 1 is painted over the field of operation with a piece of gauze, simply rubbing enough to remove all dirt and scales from the skin. All the benzine should be allowed to evaporate, leaving the skin absolutely dry before solution No. 2 is applied. Solution No. 2 is then applied by painting over the field of operation with a pledget of cotton or a piece of gauze saturated with the tincture of iodine. One coat of each solution is enough.

Prof. Bastianelli of Rome recently visited Rochester, and as I write this is in New York on his return voyage. While in New York, he was interviewed by a New York

Times reporter. Among other questions, the reporter asked him the following:

"Which country do you think is the foremost in surgery?" The Doctor replied: "That I would not care to answer. It is difficult to measure progress in surgery by countries. So much in surgery is individual. But if you ask me where the best ideas come from, I may tell you I think that, while I have the greatest admiration for American surgeons, the best ideas come from Europe. Over here, you have the means of developing them. Such is not to be had in Europe."

This is the opinion of one abundantly capable of passing judgment as to the preeminence of any doctor or set of doctors. How differently these opinions are expressed in the American press, and the various magazines I have quoted. And yet, Prof. Bastianelli took in Rochester on his recent trip thru the West.

In reply to one question, he did refer to the surgical institutions of America in general. "I cannot single out any of your surgical institutions as better than the rest."

This article is printed in the Times, headed "Dr. Bastianelli of Rome Finds Our Surgeons Only Develop Ideas."

Dr. Bastianelli, who has an American wife, speaks English fluently, and much of his splendid work is well known to American surgeons. Like Crile, he has made many experiments in efforts to improve methods of anesthesia. He has used spinal anesthesia in his clinic in more than two thousand cases without a death and more recently tried chloroform solution in the veins as an anesthetic.

Dr. Bastianelli's parting words were: "I have enjoyed my trip. I may say I have learned a lot. I visited the Rockefeller Institute. That institution has been developed by men of great talent who have already given to

the world proof of the work that the Rockefeller Institute can do for the community and for the common good. The work of Dr. Flexner and Dr. Carrel is of the highest order. We have men who are doing a great deal in research work in respect to tumor. Of course, we have men who are working hard in the study of cancer. That is a subject on which little should be said until something is actually demonstrated, as it is cruel to raise false hopes."

No doubt Dr. Bastianelli had the clinic at Rochester in mind when he replied to the reporter who asked him which country was the foremost in surgery, for it was the Bastianelli clinic at Rome to which one of the staff had been sent the year before to get the iodine-benzene method of preparing patients for surgical operations. In fact, others of the staff had previously visited this clinic looking for new ideas. In this connection, I may add that one or another member of the Mayo staff is kept upon the road most of the time visiting different hospitals and institutions over the Continent and this country in quest of innovations upon older methods.

MAYO STAFF.

In going about the staff, it was easy to note signs of friction among its members. This might be expected and, I take it, is a very natural thing to follow in the wake of the employment of so many different types of specialism. On one occasion, a member of the staff to whom I showed a paragraph in an article written by another member of the staff, characterized it as "mere rot." Pretty strong criticism of the scientific literary efforts of a colleague, but I took it to mean that the feeling between them was not of the most harmonious kind. I heard that a like feeling existed between some of the other members of the general staff, most of them dis-

playing the habit of watching one another jealously. Absence of harmonious team-work may be the cause of some of the faulty diagnosis that occur now and again. It is well known that in any association of men brought together for a single purpose, if its members are allowed to distrust each other, they will never pull together. A quarrelsome household will be a divided family.

"Jealous in honor, sudden and quick in quarrel."

—As You Like It.

Perhaps much of this personal strife is due to the fact that by the practice of constantly adding new men to the staff, it cannot readily be determined "Who's Who and Why." Hence the little prejudices and big prejudices. Little fights and big fights cause a ceaseless struggle for who is to win recognition as the "survival of the fittest," and so certain gentlemen engage in the gentle art of "throwing hooks" into certain other gentlemen until the conquest is won. Then, too, there are several women members of the general staff who more than likely often find themselves obsessed by a spirit of rivalry with the great and the near-great. But then there is no difference here in this respect to what may be found elsewhere under like circumstances. It is simply human nature and "Everybody's doin' it."

I found one of the members of the staff to be so busily occupied with his work in the Mayo offices as to forbid the possibility of sparing a bit of his time with any outsider. To this member I had a letter from a person who at one time served him in the capacity of a benefactor. The letter had been read to me and I was acquainted with its contents. Its sentiment was friendly, including the expression of many good wishes. The next day after reaching Rochester, I passed the letter to one of the young ladies in the general office of the firm, requesting

that she hand it to the doctor when he arrived at the office. I had written the name of the hotel at which I was stopping and the number of the room on the envelope, but I never heard from the letter.

The benefaction consisted, I understand, of the necessary means to enable the young man to go to a medical school. He was at that time living in a sparsely settled section of northwest Minnesota with only the little school-house of one room situated far back on the prairie to look to for his mental uplift. He soon won the coveted medical diploma—perhaps after two years of study—and later joined the staff of doctors at Rochester. He graduated from a medical school in Minneapolis. The party giving me the letter stated at the time that this doctor had just closed another contract with the medical firm at Rochester for three years' service at an annual salary of \$6,000.

IN DEFENCE OF DR. NICHOLAS SENN.

It was my intention at the outset of this paper to gather from my notes all of the items relating to the things that especially attracted attention at Rochester. Therefore, I must make mention of an article I chanced to see in a medical magazine, published I think in Seattle, Washington. On this particular occasion, I was sitting in the Mayo Public Library when my eyes happened to fall upon this medical journal. Out of curiosity I picked it up, as I had never seen this particular publication before, intending only to look over its general makeup. In glancing over its pages, I saw in one of the columns, the name of Dr. Nicholas Senn. In connection with this name, I read that Senn was charged with having been egotistical, bombastic, and inordinately jealous, and therefore, did not stand close personal contact; that he had never made a single good surgeon during his professional ca-

reer, but by his inspiring example on the one side and stinging jealousy on the other, he had awakened emulation on the one, and envy on the other, hand. This interview was held between Dr. Wm. J. Mayo and Dr. R. C. Coffey, Portland, Oregon. The strictures about Senn were made by the former to the latter, who wrote them in the article I had just read.

The connection between this article and the matter I am bringing to notice lies in the fact that the article indicated that this criticism was made to the writer of the story by one of the now famous members of the Mayo surgical staff. This article made a most grievous and lasting impression upon my mind. Therefore, in accordance with my early intention of recording all facts, I must speak of it, altho not entirely a pleasant theme.

In regard as to whether Senn ever made a good surgeon, it may be found in print that, by his own acknowledgement, this particular member of the Mayo surgical staff had an imperfect knowledge of how to tie sutures even after many years of practice, until taught how to do so by a surgeon that was made by Dr. Senn. I refer to Dr. A. J. Ochsner, who was made a surgeon by Senn. It is useless, I must say, for anyone to undertake to explain how and from whom Ochsner received his surgical training, if not from Senn, for it is widely known that, soon after Ochsner graduated, he became Senn's first assistant, and remained in that position for five years.

Now, as to the occasion on which the proper application of the suture was suggested, here follows the explanation of Dr. Wm. J. Mayo, given in his own words:

"About ten years ago, A. J. Ochsner was visiting our clinic and while making a myomectomy, I remarked that it was an operation that I feared. Ochsner said very promptly, 'You will not fear it, if you don't tie your sutures so tight,' referring to the catgut suture I had used

in drawing the cavity in the uterus wall together from which I had removed the myoma. Ochsner said: 'If you will put in the sutures just tight enough to coapt the tissues and stop hemorrhage and not tight enough to bleach the tissues, you will have no trouble.' We have followed Dr. Ochsner's advice ever since, and I consider his teaching in regard to the danger of suture tension not only in myomectomies but in all operations one of the many valuable contributions he has made to surgery."

To my mind, Dr. Mayo's criticism in Dr. Coffey's article carried with it a suggestion of ingratitude.

At the testimonial banquet given to Dr. Senn in November, 1905, Dr. Mayo was present, and read a speech on American surgery, and in the presence of Senn, embraced the opportunity to refer to him thus:

"The mass of the profession in this country did not know the position they occupied until Senn's 'Principles of Surgery' was published. (Applause.) This book was popular. It had its effect in diffusing knowledge, and surgery in this country became instantaneous. This book did more to teach the profession how little they knew and how much was being accomplished than any one thing that had happened. There appeared at this time, too, a series of letters from abroad published in the Journal of the American Medical Association, and written by Senn, describing in clear-cut and forcible language, the conditions as they actually existed in German clinics. These letters told the profession what they did, what they thought and how they did it. Dr. Senn had written up the work of these men in such an absorbing and fascinating style that every man felt as tho he himself had visited these clinics and had seen these men at work. These letters were a stimulus for every medical student who desired to do surgery to go to Germany, or to be drawn there as by a magnet. Every man who did sur

gery felt he could not do justice to his patients if he had not been abroad, and consequently he slaved and slaved for the purpose. Multitudes of American students went to Germany, so that there were more medical students in Germany than in all the other foreign countries combined. American surgery was soon Germanized in the United States under the leadership of Dr. Senn. At a time when American surgery was relatively held in contempt, Senn, by a series of brilliant articles on practical subjects, such as pancreatic disease, branchial cysts, etc., made the surgeons of the world respect America. It is therefore fitting that the profession should acknowledge their indebtedness to this man, whose work has been an inspiration to ambitious Americans. For this and many things more, the profession owes a lasting debt to Senn." (Applause.)

If one cares to review the "Collection of Papers" published in the first two volumes, printed by Saunders in the year 1912, it may be found that Senn was quoted twenty-eight times by the Mayo writers, examples of which follow:

"In regard to the breaking down of a syphilitic guma, Senn says: 'Syphilis may cause a fibrous stricture of any portion of the alimentary canal,' and adds 'it is not ulcerative in character.' "

Discussing surgery of the stomach: "By forcing air into the colon per rectum as practiced by Senn, the relation of the stomach to the transversed colon may be mapped out."

In writing about the great omentum in abdominal and pelvic surgery, he mentions Senn's work twice. "Following Senn's lead, many operators have utilized the omentum to cover defects in the peritoneum or by proper application of suture to form a channel between an irreparable damage of a deep-seated viscus and the surface of

the body. To Senn is due the credit of the practical application of this method. He recommends the total removal of the graft rather than its partial disconnection with the omentum, and after the end to end method of the approximation of the intestine by suture, completely surrounding the line by an omental graft two inches in width, and holding in place by loose catgut sutures thru the mesentary in the lines of the vessels."

"Popularization of correct views on the pathology of surgical tuberculosis in English speaking countries has been slow and due largely to such men as Bland-Sutton and Treves in England, Roswell Park, Gerster and Senn in the United States."

"In a most exhaustive paper on intestinal tuberculosis published in the *Journal of the American Medical Association* in May and June, 1898, Senn says: 'That the disease may occur as a primary infection, can no longer be doubted. The results of an enormous clinical experience and thousands of knee cropsies furnish a substantial verification of this fact.' "

"Senn describes two forms of disease, one fibrous with marked hypertrophy resembling carcinoma and an ulcerative variety more apt to cause stricture. The two phases of disease are often present in the same case. Senn points out the fact that in many cases supposed to be primary, there are other infected localities which may not be recognized; localized tuberculosis of the intestines. In Senn's monograph previously referred to will be found a differential diagnosis worthy of the most careful study."

"Removal of the cecum and ileo-coecal coil or ascending colon has been practiced with good results and many cases are now recorded by Senn, Pilcher, Ochsner, Corte, Sachs, and others. Senn notes in connection with this that even a short length of remaining large bowel is sufficient to drive the stool and this was our experience in case number four."

Referring to extra-uterine pregnancy, he says: "True abdominal gestation is rare (extra-uterine pregnancy.) The digestive power of the healthy peritoneum is well known and the possibility of its occurrence implies a previous disease of this membrane. Senn is now conducting experiments in regard to the possibility of its production in the lower animals. We shall await his conclusions with interest."

Skin-grafting—"Senn recently recorded the successful transplantation by the Wolfe method of skin from the inside of an arm to form the upper eyelid and brow."

Surgery of the neck: "The extensive incision so frequently required for the removal of tuberculosis and other forms of diseased glands involving the various triangles of the neck is best made after the S plan which is frequently used in Senn's clinic, being preferable to the Z incision of Fenger as the points of flap in the latter incision are more difficult of co-aptation."

Again, surgery of the stomach:

"This admirable operation has been performed by Senn and many other surgeons with good results. It was first performed by Wolfier in 1881 with suture and up to the time of Senn's innovation in the use of bone plates for anastomosis, the mortality was great, about 50 per cent. Anastomosis by means of bone plates inaugurated by Senn first popularized this operation."

Writing of cicatricial stenosis and malformation, a cause for pyloric obstruction: "Now and then cases operated upon by masters in the art of surgery, e. g., Senn, Lange, Weir, and others, have been reported in American Medical Literature."

"In his monumental work on tumors, Senn says that the histologic structure of cancer in this organ mimics the tuberler glands, while the character of the tumor is determined by the relative amount of epithelia cells to the stroma."

Under heading of malignant obstruction of pylorus: "Senn has taught us that when the fundus lies below the level of the umbilicus, there is pathologic dilation, unless gastropsis is present."

At present there are but two methods of gastro-enterostomy which have a considerable following: the suture operation and the one with the Murphy button. I had the privilege recently of witnessing Senn do the suture operation. In his hands, it seemed easy, and was certainly rapid and satisfactory.

Pyloric obstruction: "The advocates are rather equally divided, for example Kocher, Doyen and Senn use the suture; Czerny, Kummell and a large share of German surgeons hold to the button."

Malignant disease of stomach and pylorus: "Senn warns against the rough handling of a malignant tumor for the purpose of making a diagnosis and says that such diagnostic massage may result in increased activity."

"The suture operation of Wolfert brings the lateral wall of the jejunum to the side of the stomach, and Senn fixes the bowel at several points each side of the opening to prevent angulation, and favors a long visceral incision to prevent contraction."

Surgery of stomach and associated viscera: "In original races," says Senn, "many diseases of civilization, such as appendicitis, gall stones, ulcer and cancer seem to be rare."

Pancreatic cyst: "The pathology of this rare affection has advanced but little since 1885, when Senn wrote his classic paper upon the surgery of the pancreas."

Pathology and diagnosis of oblique fractures: "The influence of chronic inflammation of the bone especially near the epiphyseal line upon bone growths is noted by Senn."

Treatment of tuberculosis of bones and joints: "This

treatment (10 per cent. iodoform emulsion in glycerine) was advanced by Billroth and Mikulicz in 1882, and has been advocated and practiced extensively in this country by Senn."

Cancer and its surgical treatment: "The late diagnosis in rectal disease like that of the uterus does not often permit of radical operation even after the method of Kraske. In palliation of cancer of the stomach and intestines, Senn advocates anastomosis by means of bone plates."

Surgical treatment of suppuration: "For unmixed tuberculous suppuration, the iodoform emulsion treatment, advocated by Senn, is an important aid, and the resulting reactive swelling when absorbed contains some chemical compound which acts favorably upon the body as a whole in a remarkable degree."

It will be seen from the foregoing that the ideas and teachings of Senn were appropriated most extensively in forming the ground-work upon which this critic built his own reputation. I was therefore more than surprised that one for whom the profession has done so much should find it necessary to pass a criticism of such severity, or any kind of criticism at all, upon any member, however great the grievance may have been, real or imaginary.

But the voice of Senn, the martyr master surgeon, is stilled in death and those who knew him best will not likely take serious offense at the umbrageous reflection on Senn's career, for the remarks embracing the criticism, it will be believed, are as empty of the truth as they are reprehensible in character.

I think I can truthfully say that I knew Dr. Senn well. Indeed, I believe I was considered by him as one of his most intimate friends. We kept up a regular letter correspondence for many years, besides I passed

many weeks in his company, much of the time alone with him. We made many hunting trips together, and oftentimes found ourselves by the camp fire miles away from anybody. His conversation on these occasions often would lead him to speak of his acquaintances, medical friends, and others whom he had not met, but whose work, literary and otherwise he held in high esteem. During all my association with him, I never heard him speak boastingly of his own work nor disparagingly of the work of others. He never brought himself to the level of a personal critic. He was by nature a refined man, with an exalted sentiment, and his heart and mind and mouth were as clean as a little girl's.

Magna est veritas et prævalebit.

MEDICAL OPINIONS ON THE MAYO CLINIC.

Little proofs came to me daily of the fact that the professional perspective as well as the clinical features at St. Mary's Hospital were disappointing to many of the visiting physicians with whom I talked, registered at the Mayo clinic. Personal contact seemed to change opinion, i. e., I frequently heard it remarked that the Mayo clinic did not measure up to expectations. In order to obtain general expressions covering the opinions of a greater number in regard to how others were impressed with the situation at Rochester and the work in general, and, in order to fully satisfy myself about these points, to obtain sound and intelligent judgment of a wider circle of surgeons whom I knew had visited Rochester since my return home, I have written several letters to surgeons with whom I had not discussed the subject. A number of replies have been received and I feel that I must quote the substance of at least one of them, and typical of all. It is as follows:

"Was much taken with W. J. Mayo and Dr. Judd's work. Both were clever, quick workers, but in many ways they are not painstaking enough. Closing of wounds crude, and repair of hernia imperfect in many details, especially the use of kangaroo tendon being wanted. I think, altogether, they are much overrated, and Judd promises to be much better man than either. Dr. Charles Mayo very ordinary. However, I got many points of great interest, especially in technic, and had a very pleasant time in Rochester."

I, too, noted that there was little evidence of the more delicate and gentle technic displayed in closing the incision wound in the belly. For example, the Michel skin clips find no place in their suture technic in any case and the wounded tissues and instruments are handled rather roughly.

SURGICAL LITERATURE OF THE MAYO CLINIC.

For a fair perspective of the events of my stay in regard to their writings, it is necessary first to get a view of how they are looked upon by others as authors. "The surgeons of the Mayo clinic write much in the style they talk, and therefore many of the literary productions emanating from the clinic are not written by the person to whom is assigned the credit of authorship. The surgeons simply furnish the data. The editorial functions are performed vicariously." That is, from the information that came to me, and the information must be reliable for it came from the editorial department of the Mayo firm, I am forced to believe that the surgical literature from the Mayo clinic is never holographic. One may always see many busy stenographers and typewriters at work in the offices, library building, and the various working rooms in St. Mary's Hospital. The editor, Mrs. M. H. Mellish, occupies room in the li-

brary, with the assistance of several typewriters. During the early part of the year of 1912, some three hundred papers were edited or re-edited, including the publication of four large volumes, aside from many papers read before medical bodies, one large volume came from the Mayo Clinic this year, 1913. Basing judgment upon this amount of literary output within this short period of time, I should think the people at the library would be kept as busy as the surgeons at St. Mary's Hospital.

If anyone should find it hard to convince himself that Rochester does not lie in the literary belt of the nation, he should at least easily convince himself that that village would lose nothing by comparison with any other literary center in regard to the sum total of the printed output.

SURGEONS' CLUB.

The organization of a surgeons' club took place some years ago at Rochester. Its membership, I understand, is made up wholly from the visiting contingent of doctors. It holds its meetings in the Y. M. C. A. building, which is located directly across Zumbro Street from the Mayo offices. A meeting is held every afternoon at three o'clock, and usually continues in session until about five. Its presiding officer and secretary are selected from among the membership by nominations and vote. They usually serve three days to one week. At each meeting, four reporters are appointed by the chairman to attend the surgical operations at St. Mary's Hospital, one reporter in each of the four operating rooms. The reporters are given the privilege of standing room by the respective operator. With pencil in hand while the surgical work is in progress there, they jot down notes of the work and the various important things that may transpire. On the same or following day, at the meeting

of the surgeons' club, these reports are read, followed by discussions in which many of the visiting doctors take part. I attended several of these meetings but did not apply for membership. The talks in the main proved very interesting, some of the speakers showing themselves to be quite familiar with the various pathologic conditions and surgical procedures under discussion. These deliberations were wholly confined to the membership circle of doctors. Now and again, a woman physician would not only take part in the discussion but was also appointed reporter. No surgeon from the Mayo clinic ever attended any of the meetings at which I was present. One member of the general staff, however, delivered a lecture and made some demonstrations on one occasion. Frequently, a visiting doctor high in some particular specialty would deliver a lecture which in some instances consumed one hour's time or more. I listened to a number of these lectures and became greatly interested in them. One lecture on bone-grafting including demonstrations by a doctor from Washington, D. C., proved especially instructive. Once in a while, a member of the general staff would give a talk before the medical guests at Rochester on some special subject, in a large room adjoining the Mayo offices. I heard but one of these lectures, and that was by a woman member of the general staff. Her subject was gallstone disease, and the thing that she said that impressed me most was in regard to her explanation of the conservative methods of practice on the gall bladder at the Mayo clinic. She seemed to want to emphasize a fact to which I have already referred that they were not nearly so radical in their surgical treatment and methods at St. Mary's Hospital as some other surgeons are known to be who write a great deal upon the subject. She said she thought their statistics at St. Mary's would reveal a better show-

ing than those of the more radical surgeons. I took her earnestness to mean, as I have explained, that she had been coached in this matter to rap one or two surgeons, perhaps in Philadelphia, for some of their gall bladder temerity.

The expenses of the surgeons' club are defrayed from a fund that results from a contribution of two dollars from each member. Besides the privilege of membership of the club, the two dollars initiation fee entitles each member to a copy of all of the Mayo clinic papers, which, as fast as they are printed, are subsequently mailed to each member.

I must not neglect to mention the fact that some of the men who take part in the discussion before the club members on the subjects reported by the four reporters appointed to make notes of the work at the clinic, were physicians, pathologists, or laboratory workers and not always surgeons. But I take it that they were all lecturers in medical colleges. I formed this opinion of them after hearing their talks. They impressed me as being fine speakers. When speaking before the audience, they seemed composed, deliberate, and unhesitating in speech. I heard several of them disclaim any pretension to a surgical practice but wanted the privilege of discussing the pathological aspects of the cases. Others wanted to speak from the viewpoint of the physician. One of these men had made over a hundred diagnoses of stomach, duodenal and pyloric ulcer without a miss. The methods he employed to establish the diagnoses were exceedingly clever and interesting. These men proved themselves to be exceptionally well-informed and I should judge them to be popular teachers, if such they be.

One afternoon the chairman called upon me to take part in the discussion, but I rose to my feet and thanked

him, stating at the same time that I was not a member of the club, that I came there with the single purpose of listening to others talk.

Each Wednesday evening at eight o'clock, a meeting of the members of the general staff of the Corporation (Mayo firm) is held in the Mayo Public Library. Usually some member has returned from a trip made for the purpose of obtaining new ideas, or of seeing the work of others, or from the meeting of some medical society. At this meeting of the general staff, the "scout" makes a report. I learned that now and again, one or the other of the more conspicuously distinguished of the Mayo clinic would present himself before the meeting. I did not attend any of these, but Dr. Silver of New York, always did, and from him I learned about the things that were brought up for the scientific scrutiny and judgment of this medical body.

Usually I spent the evenings in my room elaborating the notes I had taken of the day's events. Hence this employment kept me away from these noted meetings.

BUSINESS OFFICE OF THE MAYO FIRM.

Dr. Graham's brother is manager of the business office, and all patients going to Rochester for the purpose of reaching the staff of doctors must first pass thru the business office. From here, he is passed along until the treatment of his case is completed, when he is again directed to this office, where he receives the first intimation as to the cost and expense of the treatment of his case. Money is never mentioned to him except by Brother Graham, who is in charge of the business office of the firm, and then only on his return trip when he is ready to leave Rochester. I venture the opinion that there is much agitation of the mind up to the time he gets back to this office and hears for the first time the fee he must pay.

Dr. Graham's brother is looked upon by the patient as the highbrow of finance in the business office. It is he to whom all new patients are first introduced and before any doctor of the firm can be seen. Here in this office, the patient must unfold his identity and disclose his worldly possessions. Here about the office there is forever present an air of optimism. Unlike most of those of us who must remain in doubt as to the size of the fee we may be able to collect at the conclusion of our services, or indeed whether we shall be able to collect a cent, it is a trepidary circumstance they never experience. It is known beforehand just what amount the fee shall be and that the man has the money to pay it. There is never any occasion, therefore, to worry over this matter.

A story was related to me by a doctor who had been a frequenter of this office, which seems to illustrate the application of business methods at the office of this enterprising firm.

A Jew presented himself to the business manager, on his return from the hospital, for the settlement of his bill, and characteristically wanted to get off cheaply. This old Jew, arrayed in garments not indicative of wealth by any means, laid down one hundred dollars on the counter in front of Mr. Graham, saying, after elevating both hands to the side of his head and shrugging his shoulders, that he was a poor man and could pay no more. The office manager immediately raked the hundred dollars into a drawer and while doing so said to the Jew, "Nine hundred dollars more, if you please." The Jew protested, saying he had but railroad fare left. The manager wrote out a check for nine hundred dollars, turned the check around, handed the Jew a pen and told him to sign it.

The Mayo representative remarked to the bystander

after the departure of the Jew that "That untidy old Jew" had lots of money. So it seems there is no way of escaping the payment of the fee charged, for the firm fortifies itself beforehand. It is believed that a patient's rating—financial and social standing at his home, are fully ascertained while he is undergoing treatment in the hospital, or perhaps before he is allowed to enter the hospital at all.

VISITING DOCTORS.

The custom prevails at the Mayo clinic for the more distinguished visiting physicians to be invited upon the floor with the operator during the morning work. In my judgment, this is a courtesy that should be extended to no one, and when extended by any one of the surgeons, should not be accepted by the visiting doctors. The rooms are small, and with six or seven assistants busily engaged in the operating rooms, and frequently passing around the operating table from one part of the room to another, the field of vision of the spectator hanging upon the railing above, is already well obstructed before the bodies of the favored guests assume positions about the operator. When this favored guest appears in the field, it becomes necessary to put upon the stretch every fiber of rubber in one's neck to see anything at all. These guests by distinction usually take vantage position, and one is able to catch a glimpse of what is being done by the operator only at long intervals. One from Nashville, Tennessee, so favored, was seen upon the floor at all times during my stay there. I am sure that he found particular pleasure in remaining prominently before the less favored spectators, who would much of the time see nothing but his broad, self-complacent back. More consideration should be accorded those who are there to see instead of to be seen. The custom tends

to cheapen the dignity of any clinic, real or otherwise. At this particular clinic, if one fails to see the work, he perhaps fails to profit by it. None of the bigger clinics tolerate the practice at all. I take it, however, that in many instances, the much talked about men at Rochester are compelled to show special consideration for certain men eminently distinguished, or the foreign visitors, but I am sure the privilege here is much abused. A number of the visitors on the back seats were much inclined to think with Burns,

“Oh, wad some power the giftie gie us
To see oursels as ithers see us,”

tho they all knew that Burns had reference to a very different sort of pest.

NEW ACQUAINTANCES—RENEWING OLD ACQUAINTANCES.

One of the chief pleasures one may enjoy on a vacation passed at Rochester results from the new acquaintances one is certain to make, and the renewing of old friendships. If one is cordially and sociably inclined, that is, without hesitation speaks to anyone who may appear to be a visiting doctor when opportunity offers, the new acquaintances thus made are more than likely to prove an interesting feature of the stay.

I met for the first time, Dr. D. E. Mundell, of Kingston, Ontario, a delightful gentleman, full of infectious enthusiasm in surgical conversation; Dr. H. M. Silver, of New York, surgeon to Gouverneur Hospital; Dr. W. B. Thompson, member of the staff of the Polyclinic, New York; Dr. H. L. Pendergast, Memphis, Tenn., Dr. Sanderson of Detroit; Dr. Spence of Florida, and Dr. Leigh Buckner of Roanoke, Va., and many others.

Dr. Mundell is a typical Englishman, and one of the most charming type. Dr. Thompson proved a most in-

teresting companion, and one whose company I frequently sought. Dr. Pendergast carried away the palm for long conversational seances. He was romantic at times, for he seemed to be especially fascinated with the darkness of the Rochester evenings and their melancholy twilights. These, among other things, lent charm to his conversational powers.

Dr. Spence and Dr. Pendergast were both patients at Rochester. Dr. Spence before entering the hospital was much about the hotel. I found him full of the nobleness of character that is so characteristic of the southern born. He entered the hospital later, where his right kidney was removed for sarcoma. His actual condition before being operated upon was held in much doubt by the diagnosticians of the Mayo firm. The opinion pretty generally prevailed among them that the case was one of cancer of the gall bladder and the surgeons at first refused to operate, telling him that he would more than likely die on the table. They only consented to operate after Dr. Spence threatened to take the next train for Johns Hopkins. He insisted upon an immediate operation, saying that his life was not worth while in his present condition. He informed them that he had made his will and was prepared for the worst. It was found at the operation that instead of being cancer of the gall bladder, perhaps involving the liver, the disease was confined entirely to the right kidney. After a short convalescence, he was able to return to his home in Florida. I have not, however, heard from him since going back home.

Dr. Pendergast was undergoing treatment for intestinal amoebæ. He was not otherwise restricted as a patient beyond that of entertaining the intestinal guests with big meals of ipecac followed by large doses of Red Raven Splits.

The visiting doctors, as a rule, are about middle age and full of ambitious energy, constantly on the go, following the work and things of professional interest about Rochester. While in conversation with most every one of the visitors, names of some of the more distinguished members of our craft would always come up for discussion. It is somewhat shocking to think how few men in our profession are really considered truly eminent and become the subject of frequent conversation. Indeed, I marveled at the thought that out of about one hundred and forty thousand men actively engaged in the practice of medicine in the United States, there are scarcely half a dozen of these whose work is often spoken of. I heard the names of Crile of Cleveland, Cushing of Baltimore, Deaver of Philadelphia, Ochsner and Murphy of Chicago, Mattas of New Orleans, Blake of New York, mentioned often, but Crile's work was talked about more than that of any surgeon in the country. Since the following matter was suggested at Rochester, and, too, since it sustained a certain relation to the foregoing, I must give it space in this narrative, and shall do so now.

I was asked by different physicians the question: "What is the matter with St. Louis?" "Never hear from your doctors. What brand of modesty is it that keeps them perennially out of the limelight?"

Some people, it seems, do not appear to appreciate the worth of certain brands of modesty. Some think it's foolish to believe that winning modesty means that you shall hide your talents, but I guess the St. Louis doctors are influenced by that old brand of Puritanism that prevailed before the days of publicity and yellow journalism.

I was willing to concede, however, from a literary point of view, that my colleagues at St. Louis do not manifest an over amount of public enthusiasm. Per-

haps, I stated, the reason for this poverty of inspiration may be due to the fact that St. Louis fails to furnish the kind of literary atmosphere that prevails on the Minnesota prairies. It is easy to see that there is a high-tensioned sort of enthusiasm in evidence at every viewpoint at Rochester. This is intensely accentuated in all its medical aspects, especially at the Mayo clinic. All of the magazine writers take particular pains to emphasize the fact of the presence of unbounded enthusiasm in the work of the Rochester surgeons. But then one must note that there are varieties of enthusiasm. In a discussion on enthusiasm by Dr. H. More, he interprets the word to mean: "Enthusiasm is nothing but misconception of being inspired," and again, that "Enthusiasm is sometimes that state of the mind in which the imagination has got the better of the judgment."

I did hear two surgeons of St. Louis spoken of while in Rochester, but not by members of the visiting contingent. Since this was the only occasion on which I heard the name of a St. Louis doctor mentioned, it seems the importance of it is sufficient to justify me in relating the circumstances.

One morning I went down to the barber shop to get a shave. After settling down in the chair, the barber opened up the following conversation:

"You are a doctor, I suppose?"

"Yes."

"Here for a long stay?"

"Perhaps."

"Here to learn something, I suppose?"

"I certainly have that in view."

"Where are you from?"

"St. Louis," said I.

"Oh, St. Louis. There were two big doctors up here from St. Louis not long ago."

"Ah," said I, "and what is your method for estimating the size of a doctor?"

"Oh, they told me themselves, they were big doctors down in St. Louis."

"Well, that being so, doubtless they are well known in St. Louis. I may know them if you give me their names."

"L. Maclandlen and Armstrong."

MEDICAL PROFESSION OF ST. LOUIS.

A short time ago, while discussing the subject of the work at Rochester with Dr. W. G. Moore, he said, "Broome, I believe there are many surgeons in St. Louis who are as well qualified in training, education, skill and experience to do just as good work if not better than that done at Rochester." I want to emphasize the affirmative of Dr. Moore's judgment. I am sure it is quite possible for all of us to agree with Dr. Moore, especially in regard to the younger generation of surgeons, about the qualifications in education, training and experience. But the question remains to be answered whether or not they fulfil the full measure of the duty they owe the profession in a literary way.

I do not know how many scientific papers have been contributed in recent times by the local surgeons, but I am very sure not nearly so many as they should have. Perhaps I have not had easy access to the papers coming from the local surgeons, but it is very easy to know the number that Rochester has contributed. They are made easily accessible by wide distribution. The number coming from Chicago and from Cleveland, Baltimore and Philadelphia, much of which is included in current surgical literature, we also have ready access to. There have been edited and printed about 300 papers, some originals and some reproductions by the Mayo

clinic within the last year. Take Murphy's work alone at Chicago and touch only upon the subscription list of his published clinics. You will find that there are 12,000 doctors taking this publication in the first year of its issue. This is all independent of a great amount of other literary work he is doing constantly. I was told by the publishers of the Murphy Clinics that it was expected that the subscription list would reach 25,000 in 1913. He, alone, I am sure it will be acknowledged, has outstripped us in this work, but then you must recollect that Ochsner is not far behind him in literary output. These constitute only a small portion of the surgical literary work coming from the hands of the surgeons in Chicago. Crile is busy with his pen during the greater part of his leisure from hospital duties, his splendid essays always teeming with originality. The work of the genius may be found at all times in current surgical literature. The same may be said of others whose names have become well established and whose cities are made equally well known by these labors to the medical world, and of course add strength, distinction, influence and fame to the authors as well as renown to the home cities. Now, what shall the answer be to the query of the doctor at Rochester: "What is the matter with St. Louis?"

The profession of our city, with its acknowledged ability, ought at least to be able to compete successfully in this matter with our friends in the country districts. I am sure that an excuse for this alleged apathetic attitude based wholly upon the ground of being too busy, is hardly sufficient. With respect to this, take, for example, the professional career of the late Nicholas Senn. Perhaps no surgeon ever found his time more wholly consumed with work in the clinic, hospital and private surgical practice than did he. Yet in twenty-five years, he wrote 300 publications, some of them large volumes,

on scientific surgery, that remain standards in the libraries of today. He also wrote several text-books of the highest type of classical merit. It may be seen that he was able to send a contribution to the printer every month during these twenty-five years. Then, too, Senn never availed himself of the helpful advantages of the stenographer and typewriting machine. Now, we have easily available the dictaphone, into which one can almost think his scientific and practical thoughts with no physical exertion whatever, and the irksomeness of handwriting may be wholly eliminated. Senn wrote out in long hand every line of which he was the author. That is, his entire literary output, covering these three hundred volumes, was entirely holographic. Think of the hours, whole nights, that this marvelous amount of literary work consumed, and yet he never seemed to grow tired of it, or too busy to find time to do it.

"He worked as if he were to live forever;
He lived as if he were to die tomorrow."

The foregoing is not all that might be added in reply to the question, "What is the matter with St. Louis?" I have thought the inquiry over quite seriously, and, since returning home, have put the question to others. There is an opinion, which seems to be held by a number of our doctors, that the profession of St. Louis is handicapped considerably by too much Machiavellianism. Cunning and unscrupulous methods may win high places in the profession, yet the doctor exercising such influences may be able to put a gangrenous blotch upon the esprit de corps of the entire profession.

NEW ACQUAINTANCES AT ROCHESTER.

Some of the medical men whom I met here on vacation were passing a part of the summer here in order

to witness the work, and see the men so much talked about. Many came, of course, for the sole purpose of seeing and studying the surgery at the Mayo clinic. All now free from the more or less exacting cares and responsibilities of the medical life at home, enjoy the greatest reward of all in the life of a busy doctor—rest and recreation. Time is not wholly passed in idleness, for the daily program is filled with interest. The new acquaintances one makes, interchange of opinion, and the discussions that are forever coming up on various, living medical thought, and of prominent men in the profession, always afford zest to the hours spent in this little town; and really constitute no small part of the intellectual profit as well as the pleasure in the mutual instruction gathered and gained by personal contact with these aggressive fellow members of our craft.

I became exceedingly interested in every new acquaintance made at Rochester, but many of the names I do not recall. I met one or two from New Orleans, Santiago, Los Angeles, Seattle, Galveston, Toledo, besides those mentioned on another page. Among old friendships renewed, was one with Stuart Maguire of Richmond, the son of a doctor. Stuart Maguire now has his own private hospital in Richmond, containing seventy rooms, and his fame as a skilled surgeon enables him to keep all of them constantly occupied. Physically he bears a striking resemblance to one of St. Louis' most distinguished young surgeons, Willard Bartlett. Neither appears to be robust in health, but both are mighty in surgical output. Neither neglects the duty he owes to the profession in literary work.

Stuart Maguire's apparent weakened physical condition suggested to my mind that he was greatly in need of this recreation, and while I was meditating upon this thought, mentally comparing the physical makeup of Dr.

Bartlett and Dr. Maguire, the latter asked about the health of Dr. Bartlett. I thought this a strange mental coincidence. Dr. Buckner accompanied Dr. Maguire on this vacation trip. He and his companion remained at Rochester but a day or two, leaving there at the end of this time to join Dr. Wm. J. Mayo for a cruise in the latter's yacht on the Mississippi River, up to St. Paul, I think. During the summer season it is frequently the habit of Dr. Mayo to pass much of the time in the pleasant pursuit of cruising the Upper Mississippi in his handsome yacht—no doubt a delightful recreation spent away from his busy hospital work. Stuart Maguire is a descendant of Virginia's aristocracy. His father became distinguished rather early in life as the young surgeon of Stonewall Jackson, Confederate Army Corps. After treating his general for severe and fatal gunshot wounds, he witnessed the death of that mighty soldier.

I first saw Dr. Stuart Maguire's father at a meeting of the International Medical Congress, and I see his face at this moment as vividly as tho it were reflected upon a screen. He was addressing the meeting of the International Medical Congress at the time, in reply to demonstrations Lord Lister had just made in regard to the prevention of wound infection. Sitting in the audience facing the speaker were three hundred and sixty-six of the world's most distinguished representative medical men. Every medical center and every civilized country was included in the membership. The venerable Samuel D. Gross presided. Dr. Maguire's speech was characterized by earnest, fiery eloquence, conveying the conviction to my young mind that if he had served as a combatant instead of a surgeon in the service of the Confederate Army, he would have been always found on the firing line. I was then a mere boy, scarcely without medical initiative, but I had unrequited as-

pirations for a medical career, and I wanted to hear the deliberations of these noted medical men. Knowing, however, that I could understand but little that they might say, I nevertheless was resolved to go to the convention. I had only recently reached the North from the state of Georgia, and after dressing myself in my best clothes, I walked into the presence of this learned and venerable body.

I recollect my coat was of the long, frock variety with velvet collar. My waistcoat was cut low, showing a white unplaited shirt front. My collar was widely turned down, with a flowing white silk bow at my neck. My trousers were cut on full lines. I wore kid gloves and a high silk hat and carried a gold-headed cane. My hair reached the top of my shoulders, and my moustache had just begun to put in an appearance. Thus attired, I walked into the main hall of the Pennsylvania University, Philadelphia, where the meetings were being held. This was my first introduction to the society known as "medical."

Minnesota had only two representatives, one from Winona and the other from St. Paul. The two Minnesotians, who were soon to become the "greatest surgeons in the world," were not present, and Rochester was not represented. Its medical history was held open until these men could give to it its present luster and historical fame.

AN IMPORTANT LESSON THAT THE MAYO CLINIC TEACHES.

In order to emphasize a point, I shall have to make some reference to the large number of patients handled by the Drs. Mayo and staff, and, incidentally, refer to some of the ailments of these patients. The astonishingly large number of about 2,000 persons passed thru the Mayo offices in the one month of August. Now

bear in mind that they had operated upon over 700 goiter cases alone since the first of January of the year. That is, between January 1st and September 1st of this year, they had made over 700 goiter operations. The gall bladder, appendix and gastro-intestinal operations constituted a large majority of the other cases. Many of the cases, both goiter and those previously spoken of had been long sufferers. Not a few, in fact a great number, of the patients had been either medically treated or operated upon elsewhere. Yet invalidism remained a dominating factor in their lives, and they now came to Rochester for relief. Some, possibly most of these heretofore hopeless and unhappy people, return home after receiving treatment at St. Mary's Hospital in much better health than they were when they went to Rochester. Herein lies the most important phase of the lesson that the Mayo clinic teaches. For it is a fact we must bear in mind that a considerable number of the Mayo clientele belongs to that class of patients who have had little or perhaps much surgery done upon them before the surgeons at Rochester see them. Hence, the reader will more than likely take it for granted that the former surgery was bad or at all events it must be conceded that the Mayo surgery was better, because, as I have already said, these patients were forced into a hopeless state of mind before they went from under the care of the home surgeon to St. Mary's Hospital, at which institution they were made to feel that their condition was no longer so seriously hopeless as before. So, the lesson I have indicated, points the moral that better work ought to be done at home. In other words, a large number of medical men and surgeons throughout the country are allowing themselves to be out-skilled by their colleagues at Rochester. This is the crux of the situation. The volume of business at Rochester is constant-

ly increasing. The Mayo staff is constantly growing in strength and numbers and, at this stage of my narration, I take it that the inference is clear as to some of the contributing sources of this increasing business. From this also it is easy to understand why patients who have been benefited at Rochester after exhausting trials at home, are able to cast reflections upon the skill and intelligence of the home surgeon.

Another important lesson that the Mayo clinic teaches concerns the attitude the Mayo firm maintains in regard to the future treatment of the cases sent to them by other physicians. Many physicians throughout the country think they have a grievance against the respective local surgeons who operate and take about all the money the patient has, and then hold onto the patient after the operation. The Mayo firm never is guilty of trying to withhold the patient from the physician who referred the case to them. The patients, as a rule, are returned to the doctor at the earliest possible date, with instructions to apply to his home physician for any further necessary treatment. I have my own peculiar views about this whole matter, and without going into a detailed explanation, I shall simply say that my idea is that every doctor concerned, that is, the physician or specialist who has to do with the diagnosis and the reference of the case to the surgeon, should be held in consultation and paid for any service during the entire time the case is undergoing surgical treatment. At the conclusion of this, the case should be promptly turned over to those doctors who had the patient in charge before a surgical operation was decided upon.

Some figuring was done by the visiting doctors, in regard to the number of operations performed daily, and the number of beds in St. Mary's Hospital to which they were sent, with a view of developing the period of

time given to each patient for preparation for operation, and number of days subsequently kept under treatment at the hospital. It was found that a room is vacated during the morning hours. On the preceding day a patient is given a card for the room and cot for 2 P. M., the day on which the discharged patient leaves. The new patient is then purged and about all the time for preparation for the operation that he gets, is given him between 2 P. M. and 8 o'clock the next morning, at which hour he is taken to the operating room. They seldom vary this rule. The strenuous indications to be met have to do with the necessity of hurrying him thru the hospital within the period of eight days, at the end of which time, he is to make way for another. So, to recapitulate and emphasize, the facts show that there are 200 beds in St. Mary's Hospital, and let it be borne in mind that an average of 25 patients are operated on daily at the hospital. One may figure for himself what it all means. It really means 200 new patients every eight days. In fact, it means more. It means that every one of the two hundred beds in this hospital is kept busy and rapidly makes new acquaintances. Indeed, every eighth day, each bed receives a new patient. This means that each patient, it matters not as to the nature of the surgical procedure to which he has been exposed, must vacate his room and cot for another at the end of eight days. To judge by my own opportunities, I should say no one of the visiting doctors had much chance to see or observe the progress or condition of these post-operative cases during the eight days confinement at the hospital. Usually it seems the patient is sent to a boarding house from the hospital at the end of eight days. Many Rochester families are fortunately constantly profiting by this rapid shifting of the scenes, and one would think, after looking over the ground, that two-

thirds of the homes of Rochester are open to this business. Some of the outgoing patients go to one or the other of the three big hotels. These all belong to the one medical firm. The question was often discussed in regard to the expediency of the routine that forced the cases out of the hospital at the end of eight days. But as long as the patient remains at Rochester, whether in the hospital or not, the firm realizes a certain profit directly or indirectly. At the end of each month, there are perhaps several hundred convalescent patients at the hotels, paying pecuniary tribute into the treasury of this great enterprise. These convalescents, while remaining at Rochester, are no doubt constantly taking medicines, and the only one big drug store in the town, easily accessible to the patients, is owned and controlled by the Mayo firm. The whole scheme, it is evident, teaches a lesson in business methods, and indeed, brings home to all how any business doctor may add to his income by the judicious application of business rules, joined with business cleverness together with professional work. These patients are hurried into the hospital and operating rooms, and hurried out of the hospital to make room for others. The hustling spirit that appears so irresistible at Rochester seems necessary, yet one cannot help thinking of the commercial advantages of it. This spirit, so characteristic of the place, does now and again result, however, in scenes most pathetic. There is no time for the patient to receive the benefit of ecologic treatment, either before undergoing surgical operation or after leaving the hospital.

It is acknowledged by the practical business doctors, and many physicians, that there is a serious lack of real business qualifications in the ranks of our profession. It is a matter that is often discussed, this inattention to business requirements; it is equally often suggested that

if we were more aggressive in business methods, prosperity would be less of a stranger to some of us. It is certainly no reflection on the worth of any doctor who joins business principles with his professional work. Herein lies at least a plausible explanation of the secret for much of the unsurpassed business prosperity of the medical corporation at Rochester. I am sure it would seem quite impossible for any one familiar with the financial, social and professional standing of these men at Rochester to believe for a moment that the members of that firm would openly countenance, let alone authorize, public write-ups for the purpose of increasing their professional popularity, business or social standing, for they do not have to resort to anything of the kind. I have heard it said that they have all the money they can perhaps ever use. Certainly, they could not be more favorably or widely known. Hence, one could not conceive of any other object in seeking further public notice save for mere self-adulation, and that to many, I am sure, will sound preposterous. In order, however, to complete these notes, I shall have to refer briefly to some certain magazines in which articles appeared from time to time about the eminent surgeons and their work.

These monthly publications are intended for the lay reader. Those to which I shall refer came to my notice by accident. It seems necessary to include these quotations in order to account fully for at least some of the attraction for Rochester. This matter will prove sufficient to acquaint anyone with the character and style of the contributions. While these publications were intended especially for lay readers, the medical mind will likely construe them to mean excessive praise with much fulsome flattery and exaggerated compliment. After reading them myself, I wondered if these notices did not sometimes grate harshly upon the sensibilities of those

for whom the adulation was intended. But coming before them at such regular intervals, they may have become immovably accustomed to them. Dr. Bitting, a prominent clergyman of St. Louis, recently commenting publicly on articles somewhat similar, characterized them as being "fat with mendacity and lean with truth."

In each article published in the public prints, mention is invariably made of the extreme modesty of the doctors at Rochester. These frequent repetitions might lead one to think that the modesty displayed there possesses real commercial value and is an asset well worth while. But then, it may not be unnatural for one possessing extreme modesty, without even a suggestion of commercialism, to manifest under great provocation a real fighting spirit. However, it is a trait characteristic of men of affairs to frown contemptuously upon some of the weaknesses of mankind. Perhaps the doctors at Rochester are not exceptions. In all history there may be found ample precedent for this. The gentle Hamlet was willing to have his players treat the conduct of his mother and stepfather in the most disdainful manner possible, for his instructions were, "Be not too tame neither, but let your own discretion be your tutor; suit the action to the word, the word to the action, with this special observance that you o'erstep not the modesty of nature."

PARTHIAN ARROW.

Here follows a paragraph, taken from one of the Mayo reprints, that might strike one as rather odd language to be used by one of extreme reserve; but, in this instance, the exciting causes were sufficiently brazen to justify the use of a trenchant and militant pen in the defence of righteousness.

"A great number of supposititious diseases in the abdomen have been shown by operative inspection to be

the result of appendiceal infections and gall stones have been shown not 'innocent.' In the same way, the accumulated rubbish of supposititious diseases of the stomach have gone to the scientific garbage can as surgical examinations have worked from the lower to the upper abdomen."

Comment and phrases like the following may be found now and again in the Mayo publications:

"Then surgery entered the field with enthusiasm. Some of these poor patients had gastro-jejunostomy and other stomach operations performed for supposititious ulcers much to the discontent of the patient, physician and the surgeon and in the records of these cases, failure of operation to cure the ulcer was put down when it should have been recorded unnecessary surgical interference."

The phrase "surgical interference" is the choice of expression with all of the surgeons.

After reading the above, one is more than likely to rise from its perusal with the impression that the writer is really gifted rather as a doer than as a thinker; that the practical side of his nature—his ability to deal with men and affairs is more highly developed than his powers of analysis. The literary significance rather conveys the idea that the special purpose was to give a sting to his Parthian arrow. I wondered how *unique modesty* could permit it.

One naturally wonders, after reading the many ornate comments printed in the magazines, why it is that the other four surgical hands are not spoken of by these writers, as also possessing magic. Letters that I have received from surgeons who have witnessed the work, express the opinion that the younger surgeons show equal skill. It was believed that the object in keeping the names of the other surgeons in the background was more than likely due to the fact that any attempt to

feature these might in some way detract from the charm of the phrase, "Mayo Clinic." According to my way of thinking, this is a queer form of modesty.

ARMAGEDDON STRIFE.

It cannot be considered immodest, I know, for one intensely interested to try to segregate the good from the bad, the virtuous from the vicious, in medicine, yet I find in one of the Mayo clinic papers a challenge in this direction, uttered much in the same spirit as those of Sir Andrew in "Twelfth Night" when he handed his challenge to Fabian:

"Here's the challenge, read it;
I warrant there's vinegar and pepper in't."

The particular matter in the paper to which I refer, is in regard to and following the discussion of the "Three Closely Associated Conditions"—a tonic dilation of the stomach—gastroptosis—and gastric-neurosis. This writer adds, "Among the protean manifestations of neurasthenia, stomach complaint is the most common. This group of cases has given rise to many fads in medicine. Eminent gentlemen have asserted that no case of gastric ulcer should be operated upon until the patient has had his eye-strain corrected. Authorities stated that gastric ulcer was more common in women than in men, and that distree in ulcer followed at once upon eating. Osteopathy, Christian Science, walking barefoot thru the grass, Lydia Pinkham's remedies, and Pierce's, as well as our own favorite prescriptions, and that time-honored fake, that loaded dice and shell game of the medical profession, 'electricity,' all achieve about the same results in the treatment of these conditions."

For cloudy thinking and unction, the above might be considered by the average critic beyond praise!

MAGAZINE ARTICLES.

(From *Munsey's Magazine*, June, 1910.)

"Two Famous American Surgeons—The Mayo Brothers of Rochester and their remarkable work.—By Geo. W. Sackett.

"The following quotation was found by Mr. Sackett posted on the desk of one of the surgeons: 'If a man build a better mousetrap, or preach a better sermon than his neighbor, even tho he build his home in the woods, the world will find him out and wear a beaten path to his door.'

"Dr. Wm. Mayo graduated in medicine, 1883; Dr. Charlie, in 1888. St. Mary's opened in 1889. Under the guidance of their more experienced father, they became enamored of the marvelous handiwork of the Creator. Hand in hand they worked, studied and reasoned. Soon they were undertaking more complicated operations, and the skill with which they handled the knife, and the marvelous success of their work, became the talk of their friends. Patients began to come from a distance, and the modest hospital was soon too small to meet the demands. The Mayo brothers were born in Minnesota. Their father, a country physician, was not well endowed with worldly possessions and, before graduating in medicine, they worked in a drug store and mixed their father's prescriptions." The article goes on to say that "In twenty years more than 33,000 people afflicted with disease have sought these men, have submitted to operations, and in the vast majority of cases, have returned to their homes with a new lease of life. It is doubtful if any other surgeons in the world can show an equal record. The percentage of cures at St. Mary's Hospital is probably larger than that of any other institution. The marvelous skill with which the Mayos handled their instruments has

amazed the world. From every state in the Union, from almost every country in the world, sufferers journey to this place to see the magic of the four hands that perform the surgical operations. One of their specialties is the treatment of goiter, the study of the disease having resulted in reducing the death rate by one-half. Today the Mayos are called the surgeons' surgeons. A glimpse into the Mayo offices reveals a motley crowd; millionaire and pauper; plebeian and prince, have left differences of rank without, and join the army of human sufferers in search of health. Wealth, fame, social position make no difference here. The man without a dollar receives the same helping hand as the one with the big bank account. The Mayos have given their lives to relieving the physical sufferings of humanity, and the door of hope has never closed upon a man because he could not pay."

(From *The Independent Magazine* of July 27, 1911, a weekly published 130 Fulton St., N. Y.)

"A Medical Pilgrimage Westward, by Jas. J. Walsh, M. D., New York City.

"(The following article is about the Mayo Brothers, perhaps the two greatest American surgeons. Dr. Jas. J. Walsh especially undertook a trip to Rochester, Minnesota, to get this article for the *Independent*, which we are sure will interest all our readers.—Editor.)

"From the earliest times, medical pilgrimages have been the rule. Those who wanted to learn more about medicine than was possible at home, traveled, usually with some definite place as their objective point. Always this point has been eastward. In modern times, our first great American pilgrim was Constantine Africanus, who traveled in the near East and taught and wrote at Salerno.

After his time, Solerno and many other cities in Italy became the sites of medical pilgrimages. Gradually, the course of empire and of culture and of scientific training took its way westward. Alway, however, the westerly peoples went eastward for a touch of what was most advanced and progressive in science. Our American physicians have gone to Europe. It is an anomaly then to talk of a medical pilgrimage westward. At the present time, however, there is a pilgrimage place well to the west that is probably attracting more attention from physicians and surgeons than any other. The story of how it came to occupy this unusual position is rather interesting. Just twenty years ago a cyclone struck the little town of Rochester, Minnesota. More than two score people were killed, and a large number were injured. There was no hospital in the town, so that the injured, of whom there were a great many, had to be housed in various public buildings, to be cared for by the devotion of the charitably inclined. Many of the injured children were taken into the Academy of the Franciscan Sisters, founded only a few years before. The Sisters volunteered as nurses in certain of the public buildings, where the injured were being cared for. When Rochester recovered from the cyclone, it was realized that a hospital was needed, and St. Mary's Hospital, in charge of the Franciscan Sisters, was founded the following year. The history of this little hospital at Rochester is worth while tracing. At first it was placed in charge of a county practitioner who did all sorts of medical work. This was Dr. W. W. Mayo, then quite an old man. His two boys raised on the farm—there are some great things raised on the farm besides ordinary farm products—got an introduction to medicine in their father's office and then went off to medical school.

"They came back to Rochester and were engaged in practice with their father some few years before the cy-

clone which entailed such disaster to the little community and gave them the opportunity to treat a great number of injured persons.

"It was not that the Mayo boys were so brilliant, but that they were ambitious in the right way, eager to learn and able to take and make chances, and one of them, at least, possessed a genius for organization. By the time they had been at work for ten years, their names had become familiar to everyone doing serious surgical work in America, and it gradually became the custom for a certain number of younger, ambitious surgeons at least to take their vacations at Rochester, and see the Mayos do their work. It is no wonder then that one of the trains that come into Rochester from the West is called the Hospital train, because so many seriously ailing persons travel by it.

"After one has had a good look around at Rochester, has seen the hospital crowded in spite of its 200 beds, with its daily average of at least fifteen serious operations a day, has had a view close up of the crowded offices downtown, where some 25,000 patients apply for treatment every year, has realized the cosmopolitan character of this crowd of patients, from the farmer from the surrounding country and the Northwest (who is in the majority because he lives nearby) to the better dressed classes who have evidently come from long distances, appreciating besides that there are many physicians from all over the country, wealthy patients who are seen in private, it is easy to understand the appropriateness of the quotation from Emerson in an illuminated print which hangs just over the desk of one of the Drs. Mayo. 'Have something the world wants, and tho you dwell in the midst of a forest, it will make a pathway to your door.' "

I made inquiry about the contribution to the *Independent* by asking Dr. H. M. Silver of New York about Dr.

Walsh, the author. The question was put to him in the following words: "What manner of man is this Dr. James J. Walsh?" Dr. Silver's reply was to the effect that he could easily see why it was that Dr. Walsh had been selected from among the members of the New York profession to perform such a mission. Dr. Walsh is a good public speaker and ready writer and is frequently seen and heard from in these capacities in New York. Dr. Walsh served for some time with Fordham University, one of the Jesuit Colleges of the city.

Dr. Walsh's contribution is made more attractive by illustrations showing the hospital, operating rooms and the Kahler Hostelry, which is said to be especially conducted for the friends of patients and convalescents.

(From *Hampton's Magazine*, May, 1910.)

"America's Most Noted Surgeons," by Rheta Childe Door.

"No other Mecca of physical sufferers in the world is so unique as St. Mary's Hospital, in the little city of Rochester, Minnesota, where the Doctors Mayo pursue their marvelous work. The fame of these doctors is world-wide. They are noted for the cleanest work in surgery on record, and altho they have made no discovery of new methods, or of any new surgical cures for malignant diseases, they have covered all modern methods and reduced them to their ultimate accuracy. There is real and sincere modesty among the Mayos, so much so, that they will be genuinely distressed when this little article is brought to their attention. They do not understand that in their case publicity is simply the gratitude of the world trying to express itself."

The article is illustrated with two pictures of the famous surgeons, and an engraved illustration by the

artist, Wm. Oberhardt, showing a scene where a surgeon and nurse are leaning over a patient in the act of administering a cure.

The contribution to a magazine under the title "The Surgeons' Surgeons," I have not seen, but such an article has been printed for I have noticed from time to time references to it. The annual magazine article about these famous doctors for the year 1912 appeared, so I am told, in the *Cosmopolitan Magazine*. I take it for granted that it was gotten up much after the same style as the other public contributions, but I have not seen it. All of the articles, however, about these distinguished medical men, found their way into the columns of the best publicity mediums.

The writers of the contributions to the lay magazines about the Mayos, it is very evident, receive pay for the work, including no doubt expenses of the trip to and from Rochester, from somebody. This belief is based upon the statement of the editor of the *Independent* that Dr. Walsh especially undertook the trip to Rochester to get the article for the *Independent*. We know the readers of the *Independent* are not all doctors. Wherefor this liberality in expenditure?

In regard to the article about the surgeons which appeared in The *Munsey Magazine*, I must add that I wrote the Frank A. Munsey Company, asking whether or not the edition containing this article was unusually large. The reply is as follows:

"The *Munsey* containing article about the Drs. Mayo of Rochester, Minnesota, cannot be supplied. Our entire stock of this issue was exhausted some time since. We had a large edition of the number containing this article. but it was exhausted very quickly.

"Very truly yours,

"(Signed) The Frank A. Munsey Company."

After receiving this reply from The Munsey Company, the question came inquisitively into my mind as to the identity of the probable persons who ordered this extra large edition and who bought it up so quickly. The copy I had was found lying on the seat of a boat in which I was traveling; the officer of the vessel told me that it had been placed there for anyone who might wish to take it. Query: Who had it placed there, that the copy might be picked up and carried away by some unknown traveler? What was the motive? What feature of the magazine was it desirable to exploit? I, myself, found nothing especially attractive or interesting in its pages except the article, "Two Famous American Surgeons."

PRESS NOTICES—SYNDICATED SUNDAY NEWSPAPERS—

STORY ABOUT THE MAYOS.

The manager of the advertising department of the Associated Sunday Magazines will guarantee that the syndicated papers carrying these advertisements will go into nearly one and one-half million homes each week, and will be read by that many families. Thru this medium, so long ago as 1907, a story was published about the Mayos which was made up almost entirely of laudatory comment and exaggerated compliment. These, together with the illustrations, covered almost one full page and a half of the Associated Sunday papers. Most of the information printed in this article was based upon points given to the writer, Mr. Lee Mitchell Hodges, by some one close to the firm. Photographs of both brothers, the father, and a scene in an operating room, follow underneath the illuminated headlines of these Sunday papers. Following are a few extracts taken from the article, the title of which was: "The World's Surgica! Center, an

American Country Town—Mayo Brothers Have Made Rochester Famous."

"Tho only a quiet country town, Rochester, Minnesota, which is 105 miles south of St. Paul by slow train, is the abiding place of the two greatest surgeons in the world. It makes very little difference where you may happen to be when the doubt teases you—Japan, Germany, Egypt, Norway, or any part of our own country—the answer is the same. It consists of four letters, Mayo. But there are two. Yes and they bear the same name for the best of reasons—they are young brothers. They are perhaps the most remarkable pair of brothers now alive, and the story of their lives from mischievous country boys to undisputed masters of a difficult profession has a flavor of fairy-tale, tho it is all solid fact.

"When you are in Rochester, you are in a town way off from what we are pleased to call the 'main traveled roads,' but to which nearly two thousand of the most skilled surgeons in Christendom annually come just to sit and watch one or both of these surgeons handle slim, sharp knives, long-curved needles and all manner of curious shaped, shiny instruments.

"Like most country doctors, the father was poor, so when these boys were thru with the common schooling provided by the town, they were put to work in a local drug store. They learned to mix the doses their father prescribed. After they had worked a while in the drug store, they went off to medical school. Then along in the eighties, they came back to Rochester, ordered a tin sign and each was hailed as "Doc" by his friends. Soon they became serious of mien and speech. They went ahead in that dead earnest way that cannot help giving birth to big things any more than the unclouded sun can help giving light.

"From every State in the Union, from every country

in the world, come sufferers to this place to feel the magic of the four hands, that daily perform from fifteen to thirty operations in the hospital. From its two operating tables, come a larger percentage of cures than from any other in existence. On them, not one patient has ever died. You may be the president of some vast railroad system, but with something wrong inside for all that, and you may have come down the cold molasses route in a private car, or you may be a poor wretch with nothing to carry around in the world beyond the pain that sometimes seems too great to bear. What you wear before you reach this place means nothing. The door that swings to behind you shuts out all differences of rank, station or condition, except one: are you a sufferer come to buy relief? You belong to the democracy of pain, and you have come to the most democratic place imaginable. You take your place in the line, and when you reach the desk in the center of the room, you get a card. That card is numbered and bears your name. The chances are that you will have to wait some time before your turn.

"Appendicitis—that is one of the commonest causes of a trip to Rochester of course. 'Appendicitis,' the doctor announces after the examination, and adds: 'You have come at the right time. No, there is scarcely any danger as far as I can see. The operation will take about seven minutes. You should be up and around in two weeks. Good afternoon.'

" On the way to Rochester, I fell in with a man of the place who had the nerves of his tongue taken out by one of the Drs. Mayo a few years ago. In the town, I saw a woman from whom the same one (doctor) had removed a yard of intestine, and connected with this latter case, is an incident which should bring joy to the hearts of those thousands who have collided

with the ethics of the medical profession as most every one has at some time or other. These brothers believe in ethics, but not to the extent of letting this belief interfere with their honesty and square dealing.

"This woman's trouble had been diagnosed by one of them as something not even akin to tuberculosis. The first stroke of the keen blade revealed tuberculosis. Decide for yourself what the average surgeon would do under this circumstances. Dr. Mayo stopped the operation at once, and went into the waiting room to the woman's husband. He acknowledged the mistake in the diagnosis, explained the conditions as found, said the matter was a very serious one, and asked what he should do. 'Go ahead,' said the husband. I told you I saw the woman on the street, yes, but no more mistakes were to be made in her case.

"Their hands are as sure as tho they had been born to that very brand and that is why they are Mayo processes.

"The one thing neither of them will do is to talk about himself or their work. You might as well hope for a syllable from the stone lips of the Sphinx. With them, silence is a hobby."

And yet in the next paragraph, the writer of this article asked Dr. Chas. Mayo, as they were walking together from the doctor's home to his office, the following question: "How much further can you go in surgery?" The syllables from the stone lips of the Sphinx were as follows:

"How much further we can go in surgery, it is hard to tell. Great advances have been made in this branch of the healing art, but medicine is far behind. The next great task is the uplifting of medicine to the present high plane of surgery. Old fogysm will have to go. We must learn more about diagnosis. When we have

conquered this most difficult of all the phases of medical work, disease will be easier to deal with."

The stilted style which characterizes the foregoing contribution about the Mayos would no doubt make the average doctor feel, in the language of the street, somewhat "chesty," but it seems the modest equilibrium of Rochester remains unmoved through it all.

It is natural to infer that the writer of the above was entertained at the surgeon's home, and perhaps many of the things above recited were gathered from the doctors about whom the article was written.

I am sure that it will have been noticed that much of the foregoing matter embraces about the same points in regard to the Rochester doctors. This is so strikingly true that one is compelled to believe that most, if not all of the information came from one and the same person. That is to say, there stands out a certain characteristic individuality in all of the compositions of these writers that one cannot help believing but that all the verbal matter is either based upon one original story or else the substance of each succeeding article was given these writers by the same person.

THE PUBLIC PRESS.

I may state, what is known to all, that, with a persevering consistency, the public press in general keeps the names of the members of the regular profession out of public notice with painful regularity. The newspapers have a certain dope on our altruistic conventionalities, and know among other things that we never use their advertising pages. Look over the advertising columns of almost every one of them, and the tale will unfold itself to you as to the character of the doctor who patronizes them, the doctors themselves, and the things that they now and again voluntarily notice. Every

member of the regular profession knows that a knock against us is apparently gratifying to the newspapers, for the reason that it is against the rules of the regular organization to advertise. This has characterized their conduct towards us throughout our history as a regular organized profession. You know how the public press, including the magazines, with one or two exceptions, have treated the regular profession in all of its public spirited undertakings. You may recall the bitterness of the fight they have put up against efforts to instal a secretary of public health, especially against the Gore bill in the U. S. Congress. The antagonism is usually strengthened thru the influence of the Interests. It seems that the papers are easily subsidized, and directly aided by a lobby which is maintained at Washington, and is ostensibly doing business under the firm name of The National Manufacturers Association of America. But in truth, this federation is supported, partly I am told, by the osteopaths, Christian Scientists and a number of representative "isms," together with a host of chemical and pharmaceutical manufacturers. That is to say, the osteopaths, Mrs. Eddy's followers, together with a number of manufacturers of spurious things, have joined hands against us in legislative matter. Mr. Marion Reedy, of the *Mirror*, explains in his splendid article on "The Myth of the Free Press": "It may be true, and is perfectly evident to me after a whole life spent in the atmosphere of newspaper work, that 90 out of a hundred editorial writers on the press today are men who are in intellectual and sympathetic revolt against present-day conditions. The men who make the newspapers are behind the scenes, and it is these men who are wholly responsible for the money-making policy of the press."

We can never hope, I venture to believe, to expect any good word from the press unless we pay for it or

abandon our rules against advertising. You will recall, no doubt, the fight put up by these interests, newspapers and lobby against Dr. Harvey W. Wiley. It is well known what happened to him.

No disinterested estimate of the retiring administration can fail to recognize the treatment of Dr. Wiley, one of the most deplorable of Taft's delinquencies. A Congressional inquiry gave a triumphant vindication of Dr. Wiley. It had no effect in improving his helpless status in the department. Dr. Wiley has computed that more than 6,200 complaints, in which the evidence of misbranding and adulteration was clear, were obstructed by the department and cabal and never brought to trial. After fighting for three years and eleven days, Dr. Wiley resigned.

For nine years *Collier's Weekly* waged a most relentless war against quackish nostrums, and the secrecy of the manufacturer of dope and proprietary medicines, and what has happened? The man who penned the editorials, Mr. Norman Hapgood, one of the most stirring figures in the early movements of American publicity against the manufacturers of the patent medicine nostrums, has been forced to resign, and before leaving the editorial columns of *Collier's Weekly*, he charged that the appointment of his successor meant that the editorial columns of that publication would be controlled henceforth from its advertising department. Mr. Hapgood has long been classed among the best independent and wholly original thinkers in the country. While he gave that publication its great popularity, his trenchant pen was wielded against the Interests, hence his downfall. The combinations against him, including the antis of the regular profession, have won, and we shall no more receive aid and comfort from that source.

Now it is in connection with these things, and with

this brief matter before us, that we may wonder why it is that so many nice things have been said about the Drs. Mayo, in the public press and magazines, without pay.

Mr. Reedy styles the double-acting feats of the newspapers "Laodiceanism." He says. "Great newspapers play to the masses for circulation, and then go around and coddle the classes for advertising. The manner in which the newspapers have rallied to the support of crooks, and at the same time using their powers to create a force among honest business and professional men that has the effect of operating as a shield for the protection of thieves, to me, (Mr. Reedy) is damnable doctrine, and is sufficient confirmation of my idea that daily journalism of the United States is only in sympathy with the interests that play upon the public. Everything passing to the columns of the paper, from the lowliest reporter to the chief of the editorial staff, is interwoven with mendacity. Reporters seem to think that a truthful story, especially when it relates to personal character, is not what the editor wants, and as Madame Sarah Bernhardt says 'The newspapers only see harm or the ridiculous in everything. Nothing is sacred to them. This is about the depth of degradation to which they are going.'

"Everything in this country has been regulated more or less except the press. The daily press has participated more or less in the regulation, but there are reasons for believing that one of the greatest evils in the United States is the same daily press itself. The owners of newspapers are business men of a certain type. They want dividends, they want the business, the commercial ideal held up at all hazards. They must get the money from the men who have it. They must cater to please the men who run the community.

This is also true of the representative medical press.

While it is regulating the profession, as a mass, it is catering, at the same time, to a few. "Such men are out for their own pockets, first, last, and all the time. All the rest is leather and prunella. The great intellectual personality no longer dominates the great paper. The supreme headship of a great newspaper is not the man who may be turned out in a school of journalism but a money-maker. The journalist proper can never be more than a hired man on a great paper. All of us admit all the good that may be claimed for the press and publicity—and Lord knows the press can toot its own horn with all sufficient plangency—but no person capable of observation or of thought can nowadays cling to the superstition that the great daily press is free or independent, or in any sense an organ of public opinion.

"Furthermore, when we look at the great newspapers we observe another laughable feature in the manner in which they work upon the general public the most elaborate confidence game known in the history of America. There is not a man in the United States today who has tried honestly to do anything to change the fundamental conditions that make for poverty, disease, vice and crime in our cities, in our courts, and in our legislatures, who, at the very time at which his efforts seemed most likely to succeed, has not been suddenly turned upon and rent by the great newspaper publications. If this occurred but once in a while, we might regard such matters as mere coincidences, but in view of the fact that it occurs all of the time, there must be a cause for it, and, searching for the cause, we must look for the motive. By the process of exclusion and elimination, we come finally to the last motive, which is self-interest, and we find, from what we know of the people who own and control great newspapers, that every one of them is identified thru sympathy, thru investment, thru revenue, thru asso-

ciation with the corporations and organized money-making schemers who milk the community by means of the powers which they have filched from the body politic."

The following appeared in a Sunday edition of the *St. Louis Republic*:

"How Fee Graft Affects the Public.

"The family doctor is given a portion of the fee, and the patient unknowingly pays the amount without receiving any aid in return. It leads patients to being kept in their beds for days and weeks longer than is necessary. Unnecessary operations, the mutilation of men and women, months of human agony, and in some cases, death itself, are direct results of the commercialism and greed that grow out of the secret division of fees."

This and much other like comment is what we get for our pains.

It is easy, to note, however, in most of the newspapers, that there is a general ethical activity in spreading scurrilous insinuations and subtle invective against the conscientious and regular doctor. This controlling principle puts them all in an attitude which is antagonistic to the growth of scientific medicine. But the ads, and sometimes, notices exploiting quackery, printed in the press, are usually written in glaringly vulgar phrases, so grossly disgusting indeed as to violate all forms of decency. Even the most sober-minded physician might in many instances find these vulgarisms so ludicrously stated as to excite his risibilities. For example, in one column, an ad appears calling upon the man who is shy on manhood to call and have it restored. Close to this, may appear the ad calling upon the lady to purchase the wonderful, marvelous whirling spray, "It cleanses instantly." Then we may read with the inference that, this failing, the lady is

advised to supply herself with Chichester pills, diamond brand, "Best, safest, always reliable." Then in glaring headlines, "Big 'G' cures in one to five days unnatural discharges; contains no poison, and may be used full strength absolutely without fear. Guaranteed not to stricture. Why not cure yourself?" ad nauseam.

So it may be inferred by the above that there is even a comity existing between the quacks, and made more plausible by the public press. Each specialty is for a purpose and prepared to meet any emergency. Our professional attitude against the quacks, and the attitude of the newspapers toward the regular profession, brings the righteous doctor to confess that, when we shun Scylla, the evils of quackery, we fall into Charybdis, the stenchy whirlpool of the public press.

THE LURE OF MYSTICISM.

The real clinging and fascinating heritage of the healing art is mysticism. Its position seems to be secure and permanent among the peoples of the earth. When one of this psychological type is ailing, either from a curable or incurable disease, he wants a doctor who at least will promise to cure him. To the mystics of the healing art, belongs much of the superstition of the ages. About everything known to fakism has found willing victims and continued to prosper right along with the evolution of scientific medicine since the days of Æsculapius. Many persons in all parts of the world are controlled by inherited beliefs and impulses, and rely upon incantation and the mystery of the fetishisms, and charms, to guard them against malignant disease. "Many a shrine has more followers than Pasteur; many a saint more believers than Lister. Mentally, the race is still in leading strings." In primitive times, priests, philosophers and physicians grew up together, and there was

much mystery surrounding their doings, just as today, to a large number of laymen, there is much mystery about sickness. Religion and medicine had their beginning in the practice of magic, and the working of hocus-pocus and the hoodoo. Perhaps licking of wounds and sores by the charmed serpent has been eliminated from the category of the older methods employed, but many of the other hallucinatory remedies remain in practice among the victims of superstition, more especially because their promises are involved in so much mystery. We shall never cease to wonder at the amazing credulity of the public, and still more amazing that it learns nothing by experience, but prefers to chase the phantom of mystery instead of heeding the dictates of science and common-sense. It is, therefore, not strange that in this condition of the public mind we have the quack, the faker, and the impostor. These succeed because their promises are unlimited, and the more they mystify, the more popular they grow. Some part of the exploitation of these things must be charged to the public press. The yellow press particularly continues to flourish and profit thru the pretenses and promises spread before the mentally-weak victims of disease. The press consoling itself, the while, with the belief that it is giving the people what they want, thus fattens out the "iniquities of mystery."

We experience, however, the deepest chagrin when we come to know that there is a disposition, on the part of some of the regular members of the profession, to announce now and again in the public press, prematurely, so-called cancer cures and sure-cures for other like diseases. In many instances, these premature announcements are unfortunate. Not only do they redound to the discredit of the profession, but they raise false hopes that are calculated to mislead, and hence, they are often interpreted as attempts at deception. This is especially

the case when the alleged new discovery is proven by more mature trial to be a failure in fulfilling its promises. We have had twelve or more sure cures for cancer and tuberculosis exploited within the last several months. One of these sure-cures emanated from the Cancer Hospital in St. Louis, and from the recent meeting of the American Medical Association, held at Minneapolis, there came flaring headlines in the newspapers to the effect that "cancer of the stomach is curable." This announcement came from one of the Rochester surgeons, I understand. The public at the time of this widely circulated promise was entitled to certain exploitations covering limitation of conditions, but these they did not get, at least, not from the newspapers. But, perhaps, a great influx of this class of cases was in evidence at Rochester soon after the announcement appeared in print.

ATTITUDE OF THE MINNESOTA PROFESSION.

Adverse criticism may be heard now and again from the Minnesota doctors against the Rochester firm. This is not a noisy opposition, but still there are many doctors who seem to have a grievance against the ethical interpretation at Rochester. Indeed, it is hard to find in their home State, the same degree of admiration as that expressed by the New York magazine writers. I have some letters from these up-State doctors based upon the foregoing. The mildest of these is from Dr. Randall of Graceville, Minnesota, whom I found to stand very high in his profession. He is also a splendid example of the straightforward, honest doctor, and a man of liberal views and broad culture. I herewith give his letter in full:

"Office of B. M. Randall, M. D.

"Graceville, Min., Sept. 5th, 1912.

"Dear Dr. Broome:

"The attitude of the profession in Minnesota is not entirely friendly towards the Mayo corporation, and I believe the main reason is the same as that which prejudices the general merchants against the big department stores. Prices are cut in a way that is annoying to the surgeons of the Minnesota cities, but they have a graduated scale of fees and no doubt make adequate charges to the rich. Personally, I cannot complain of lack of ethical treatment, tho I have heard charges of this character.

"My principal hesitation in sending patients to Rochester is due to the unsatisfactory after-treatment in operative cases, but I believe many hospitals are equally inadequate in capacity and remiss in attention.

"The amount of money accruing to this medical firm must be very large; the statement that they take in more than a million a year might easily be true, and their donations are also large; that they have contributed to the building of St. Mary's Hospital is not unlikely, and this would be a contribution to the sisterhood; but this would have no relation whatever to the church or its treasury. While you can see how impossible it is for me to know where or how the Mayos choose to place their benefactions, I can state with the greatest positiveness that the church does not and cannot make return by advertising or promoting the business of anybody. Since you have done me the honor to say that you would accept the reliability of my statements, I would like to insist, Doctor, upon the fact that both clerical and laity in this country have no other spiritual relation with the church (except of course the necessity of supporting the officials) and neither priests nor people would think

of tolerating interference with political or business affairs, notwithstanding many reports to the contrary.

"In light of these facts, I cannot conceive of any method by which a reciprocal arrangement could be attempted. The orders of the sisters are entirely distinct in their business arrangements from any church authorities, and whatever business arrangements a nursing order makes with a medical faculty is confined to themselves and has nothing to do with the church, even indirectly. I have never heard of priests recommending the Mayos to their parishioners. If they do so, it is a matter of individual judgment. You will find that they very rarely take the responsibility of making recommendations in such matters and are wise in this attitude.

"I do not ask that anything I say be held confidential for I approve of open understanding in all such matters.

"With kindest regards from myself and family, I remain,

"Sincerely yours,

"(Signed) B. M. Randall."

Before bringing this narrative to a close, I wish again to refer to the comment on American surgery, made by Dr. Raffaele Bastianelli, chief surgeon of the Policlinic at Rome, Italy, on his recent visit to the various medical centers of this country. Among other things, he seemed to want to emphasize the fact that the surgeons of America only develop ideas. The comments in regard to his medical observations here follow :

"I cannot single out any of your surgical institutions as better than the rest. You have beautiful establishments everywhere, the best in the world, in fact. Then the technique of your surgeons is first rate ; some of them are brilliant both in theory and in operating. You are

very keen for new things over here, and as soon as a new idea comes out, you go ahead and develop it with characteristic energy and, I may add, the means you have. It is wonderful the money there is to be had over here for the development of surgical ideas. With respect to what our best Italian surgeons are now investigating, this is a large order. They are working along every line, but little is being said about it until something is actually accomplished. We have men who are doing a great deal in research work in respect to tumors. Of course, we have men who are working hard in the study of cancer, but that is a subject on which little should be said until something is actually demonstrated as it is cruel to raise false hopes."

Then in reply to the question, "Which country do you think is foremost in surgery?" he said: "That I would not care to answer. It is difficult to measure progress in surgery by countries. So much in surgery is individual, but if you asked me where the best ideas come from, I may tell you I think that, while I have the greatest admiration for American surgeons, the best ideas come from Europe. Over here, you have the means of developing them such as is not to be had in Europe."

From my personal viewpoint, I seem to see that these remarks apply with more force to the surgeons at Rochester than any other of the leading men of this country. There are few clinics in the world where there are 25 surgical operations made every day. None in this country, except the Mayo clinic. This of course means that more work is done, more surgical cases handled at St. Mary's Hospital than any other hospital in this country. This brings me to the point I had in view when I undertook to write this conclusion.

This clinic, as I have already intimated, is the busiest in this country. That it is able to demonstrate the largest

amount of surgical work in this country, but to my mind shows the least originality, and can perhaps make a better showing than any other clinic in demonstrating the truth of Prof. Bastianelli's remark, "That American surgeons only develop ideas."

The widespread popularity of the Drs. Mayo must be held to be due to the publicity freely accorded them. They must not be judged altogether by this publicity, for they do not fill the standard of high scientific measurement that is accredited them. I can say that they are eminently practical in professional work, and just as practical in business methods. The organization is such that the business of achieving wealth is as cogent as the business of performing surgical operations. It is conceded, I may suggest, that the reputations of the doctors at Rochester is founded altogether upon practical surgical work furthered mightily by the publicity given them so freely by the public press. They became popular as surgeons from the beginning: that is, they are never spoken of as physicians, only as famed surgeons. When they were first heard of, it was as "surgeons." Following the cyclone, when they were young doctors, their reputations as surgeons began to take root. Their chief asset is practicability, both as practical doctors and as practical business men. They have developed no new ideas in surgical processes. They have not been able to accomplish originality in the science of healing. They have hewn strictly along mechanical lines, using the ideas of others when their availability could be brought into the field of their practical vision. It is true they have developed a skilful technic in many surgical operations, but their daily work is largely routine. Every case going to Rochester, however, is taken care of, whether surgical or not. A general staff has been provided to meet any exigencies that may arise.

Aside from any other consideration, the chief result of thus extending its practice to cover all cases, is the earning of more money. The thought has come into my mind time and again since visiting Rochester that if the medical firm there could see its future from purely the scientific viewpoint, it would assume a better position.

I concluded too that greater things might be expected and realized following a change in their professional attitude. It seems that the thoughts of other visiting doctors were running along this same channel. Standing with a group of them, on one occasion, a spokesman, who was an elderly physician and who had been at Rochester some time, said that he had looked into everything about the place of professional interest, and he was now of the opinion "that if the medical firm, with its large and varied clientele and its big body of specialists on its staff, could separate its line of cleavage between work and dollars and cents, and turn the minds of its scientific members to conquests in discovery, the world would see the place in a different light." It is a common habit to await the results of the scientific labors of men in other countries. But I believe that the resources of the Rochester firm could be made as available for research work as any institution in foreign lands. It has been said that mere operative surgery is based upon handicraft, and the sphere of the handicraftsman is limited to the operative technic in surgical procedure.

THE CANCER PROBLEM.

The cancerous process is animated by movements so mighty and so furious that the cause behind it all cannot lie hidden much longer.

When the real cause is positively disclosed, its scientific treatment will follow, and in that scientific treatment,

surgery may have no place. At Rochester, so far as I was informed, the only treatment for cancer ever instituted was surgery, and so far as I could see, there is none other desired or sought. We must turn elsewhere to see the busy surgeon employing means other than the mere routine of surgery. In Crile's clinic, an immense amount of patient effort is exhausted on the cancer cases independently of surgical procedures, and one need only to read the splendid address of Dr. Robert Abbe of New York, delivered at London before the International Congress of Medicine on the subject "The Astonishing Disappearance of both Benign and Malignant Growth Under the Influence of Radium," to learn what busy surgeons are doing in the non-operative field.

Following is an extract, taken from the *New York Times*, on the splendid work Dr. Abbe has been doing along lines non-operative in the cure of cancer:

"Dr. Robert Abbe, senior surgeon to St. Luke's Hospital, whose eminence in the medical profession is recognized abroad, as it is here, has been using radium in his practice almost since its discovery. His results have been just as astonishing as those announced by the secretary of the Middlesex Hospital. And strangely enough, he made known those results in London to the greatest gathering of medical men the world has ever seen just prior to the Middlesex Hospital announcement. He was invited to read a paper in the Section of Radiology at the seventeenth International Congress of Medicine, held in London in August, and took for his subject, 'The Use of Radium in Malignant Disease.' It has since been brought to the attention of the medical men of Great Britain and elsewhere, thru the medium of *The Lancet*, the authoritative medical publication of the British empire.

"It is safe to say that surgery is entering upon a new era of hope and attainment in the treatment of malignant disease. Whatever the primary cause of cancer, in its broadest sense, is for the hour a question of less importance than the more practical one—as to what deterrent effect can be produced on disordered cells by new physical agents. It is a trite saying that there has been no known cure for cancer. Surgery has expended its utmost force in cutting out every vestige of disease, or to destroying by cautery, caustics, or freezing. These occasionally cure the patient; they never cure the disease, they only remove it. We must look to forces like organic chemistry, or biochemistry, or agents like Roentgen rays or radium."

IDEAS PURELY AMERICAN.

If one cares to open the ledger of American surgical history and examine its accounts to see how it stands with itself and the world at large, he will find that originality and genius were in the minds of even the pioneer American surgeons. The same has characterized the personnel of its ranks since. If one goes back to a period of time when America was yet young, he will find that the surgery of the entire world was greatly enriched by the new ideas springing from the minds of the surgeons of these early days. Indeed, America at no time in its history has experienced a dearth in new surgical ideas.

"Have something the world wants, and though you dwell in the midst of a forest, it will make a pathway to your door."

In closing, I wish to express the hope that I have, in these pages, given the doctor inclined to pessimism, an idea of how others have made it possible to have something the world wants.



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